Cc: Carroll, Bart < BCarroll@isdh.IN.gov>

Subject: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Bart and I would like to set up a phone call to discuss the ISDH's Non-Party Requests for Production. Are you available tomorrow afternoon for a call? It looks like both of our afternoons are open, so whatever time works for you all, we can be available.

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs
Indiana State Department of Health
317.233.7270 office
317.233.7143 fax
abrune@isdh.in.gov
www.StateHealth.in.gov





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From:

John Bucy <john@johnbucy.com>

Sent:

Tuesday, January 30, 2018 5:50 PM Clare Deitchman: Brune, Adrienne

To: Cc:

ISDH Court Administrator

Subject:

Re: Assignment Acknowledgement ACL-000132-18

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Judge Deitchman,

The time works for us also.

Thank you,

John

Bucy & Associates, PLLC 6633 Hwy. 290 East, Suite 104 Austin, Texas 78723 Telephone: (512) 291-6505 Facsimile: (512) 291-6558 Email: john@johnbucy.com

From: Clare Deitchman <cdeitchmanlaw@att.net>
Reply-To: Clare Deitchman <cdeitchmanlaw@att.net>

Date: Monday, January 29, 2018 at 7:55 AM

To: Adrienne Brune <abrune@isdh.in.gov>, "john@johnbucy.com" <john@johnbucy.com>

Cc: ISDH Court Administrator <courtadministrator@isdh.in.gov> **Subject:** Fw: Assignment Acknowledgement ACL-000132-18

Counsel,

I have been assigned as the Administrative Law Judge (ALJ) to hear the appeal of the license denial for Whole Woman's Health Alliance. I would like to set this for a prehearing conference call for purposes of scheduling. Would the two of you be available for a brief conference call on Monday, February 12, 2018 at say at 9:30 EST which would be 8:30 (CST) (Austin Texas Time).

If so, I will send out a Notice in today's mail. If that does not work for you, please provide alternative dates during that week.

Clare Deitchman

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---- Forwarded Message -----

From: "Miller, Rochelle" < RocMiller@isdh.IN.gov> To: Clare Deitchman <cdeitchmanlaw@att.net>

Cc: "Brune, Adrienne" <ABrune@isdh.IN.gov>; "Carroll, Bart" <BCarroll@isdh.IN.gov>; ISDH Court Administrator

<CourtAdministrator@isdh.IN.gov>; "Snyder, Randall" <RSnyder1@isdh.IN.gov>; "Whitson, Terry" <Twhitson@isdh.IN.gov>; "Gilliland, Karen" <Karen.Gilliland@fssa.IN.gov>
Sent: Friday, January 26, 2018 3:51 PM

Subject: Assignment Acknowledgement ACL-000132-18

Good afternoon Judge Deitchman,

Please see the attached assignment acknowledgement regarding Whole Woman's Health Alliance's license application denial. Hard copy with attachment to follow via mail.

Thank you,

ROCHELLE MILLER Court Administrator Office of Legal Affairs Indiana State Department of Health 317.233.7540 office 317.234.6278 fax rocmiller@isdh.in.gov www.StateHealth.in.gov

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From:

Brune, Adrienne

Sent:

Monday, January 29, 2018 9:24 AM

To:

'Clare Deitchman'; john@johnbucy.com; Carroll, Bart

Cc:

ISDH Court Administrator

Subject:

RE: Assignment Acknowledgement ACL-000132-18

Judge Deitchman:

February 12, 2018 at 9:30 a.m. EST works for Bart and me.

Thanks,

Adrienne

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs
Indiana State Department of Health
317.233.7270 office
317.233.7143 fax
abrune@isdh.in.gov
www.StateHealth.in.gov









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From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Monday, January 29, 2018 8:SS AM

To: Brune, Adrienne <ABrune@isdh.IN.gov>; john@johnbucy.com Cc: ISDH Court Administrator <CourtAdministrator@isdh.IN.gov> Subject: Fw: Assignment Acknowledgement ACL-000132-18

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Counsel,

I have been assigned as the Administrative Law Judge (ALJ) to hear the appeal of the license denial for Whole Woman's Health Alliance. I would like to set this for a prehearing conference call for purposes of scheduling. Would the two of you be available for a brief conference call on Monday, February 12, 2018 at say at 9:30 EST which would be 8:30 (CST) (Austin Texas Time).

If so, I will send out a Notice in today's mail. If that does not work for you, please provide alternative dates during that week.

Clare Deitchman

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---- Forwarded Message -----

From: "Miller, Rochelle" < RocMiller@isdh.IN.gov> To: Clare Deitchman <cdeitchmanlaw@att.net>

Cc: "Brune, Adrienne" <ABrune@isdh.IN.gov>; "Carroll, Bart" <BCarroll@isdh.IN.gov>; ISDH Court Administrator

<<u>CourtAdministrator@isdh.IN.gov</u>>; "Snyder, Randall" <<u>RSnyder1@isdh.IN.gov</u>>; "Whitson, Terry" <<u>Twhitson@isdh.IN.gov</u>>; "Gilliland, Karen" <<u>Karen.Gilliland@fssa.IN.gov</u>>
Sent: Friday, January 26, 2018 3:51 PM

Subject: Assignment Acknowledgement ACL-000132-18

Good afternoon Judge Deitchman,

Please see the attached assignment acknowledgement regarding Whole Woman's Health Alliance's license application denial. Hard copy with attachment to follow via mail.

Thank you,

ROCHELLE MILLER Court Administrator Office of Legal Affairs Indiana State Department of Health 317.233.7540 office 317.234.6278 fax rocmiller@isdh.in.gov www.StateHealth.in.gov

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From:

Dipti Singh <dsingh@lawyeringproject.org>

Sent:

Monday, April 30, 2018 8:21 PM Brune, Adrienne; Carroll, Bart

To: Cc:

Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject:

RE: Whole Woman's Health Alliance (ACL-000132-1B) Non-Party Requests for

Production Phone Call Request

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Adrienne and Bart,

Please see our responses below in red.

- The ISDH's understanding as to where the current discovery stands is as follows: With regard to the Party Requests for Production, WWHA is agreeable to the proposed modifications from the ISHD's April 20, 2018 email (attached) for Request #s 1, 2, 3, and 4. WWHA indicated it does not have documents to produce for Request # 5 except to the extent is possesses documents related to joint litigation and advocacy efforts (i.e., signage and promotional material for mutual advocacy endeavors). I believe we requested WWHA update its response accordingly. The ISDH also asked WWHA update its response to Interrogatory # 8.
- Response: You have correctly characterized our agreement with respect to Requests #1-4. With respect to Request #5, we explained our position that the Request was overly broad. There are no reasonable means, including no reasonable search terms, to search for documents in response to such a broad request. We provided, as an example, the Texas litigation in which WWHA is a co-plaintiff with nonparty entities. Producing all documents related to that case would be neither relevant nor likely to lead to the discovery of admissible evidence and unduly burdensome. Bart agreed that ISDH would not want those documents. Similarly, if a third-party e-mailed WWHA and one or more of the nonparty entities about an event or wholly unrelated issue, that email would be responsive to Request #5 even though it would shed no light on the relationship between WWHA and the nonparty entities. WWHA has agreed to produce documents responsive to requests for information regarding the absence of a relationship between WWHA and the nonparty entities.
- With regard to the Non-Party Requests, it is our understanding the Non-Parties agreed to produce the documents as listed in #1 and #2 of the ISDH's April 18, 2018 email (attached). The Non-Parties indicated they would not produce documents in response to the email's third request (surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017)). The ISDH is looking into retaining outside counsel to aide it in our Non-Party Requests, as well as other means of retrieving the documents (e.g., public records requests to the various state agencies). We're trying to determine which would better serve the ISDH.
- Response: This correctly characterizes our conversation. Please note that we explained that there are no documents responsive to Request No. 1(d).

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Monday, April 30, 2018 6:05 AM

To: Dipti Singh < dsingh@lawyeringproject.org >; Carroll, Bart < BCarroll@isdh.IN.gov >

Cc: Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com > Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

The ISDH's understanding as to where the current discovery stands is as follows: With regard to the Party Requests for Production, WWHA is agreeable to the proposed modifications from the ISHD's April 20, 2018 email (attached) for Request #s 1, 2, 3, and 4. WWHA indicated it does not have documents to produce for Request # 5 except to the extent is possesses documents related to joint litigation and advocacy efforts (i.e., signage and promotional material for mutual advocacy endeavors). I believe we requested WWHA update its response accordingly. The ISDH also asked WWHA update its response to Interrogatory # 8.

With regard to the Non-Party Requests, it is our understanding the Non-Parties agreed to produce the documents as listed in #1 and #2 of the ISDH's April 18, 2018 email (attached). The Non-Parties indicated they would not produce documents in response to the email's third request (surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017)). The ISDH is looking into retaining outside counsel to aide it in our Non-Party Requests, as well as other means of retrieving the documents (e.g., public records requests to the various state agencies). We're trying to determine which would better serve the ISDH.

Please let me know if you disagree on any of that.

Regards,

Adrienne

From: Diptl Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 27, 2018 9:49 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov >; Carroll, Bart < BCarroll@isdh.IN.gov >

Cc: Stephanie Totl < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com > Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

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Dear Bart and Adrienne,

We had one remaining item to get back to you about: the Department's request for "Operating Agreements." Subject to previously made responses and objections, each of the nonparty entities we represent will produce documents in response to this request.

Thanks very much.

Sincerely, Dipti

From: Dipti Singh

Sent: Wednesday, April 18, 2018 10:02 AM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Stephanie Toti < stoti@lawyeringproject.org>; Kathrine D. Jack, Jack Law

Office LLC < kjack@jacklawoffice.com>

Cc: Carroll, Bart <BCarroll@isdh.IN.gov>

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Thank you for the modified requests—we will review.

Tomorrow at 3:30 et works for us. We can use the below call-in information.

Phone: (605) 472-5528

Pin: 268831

Best, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov> Sent: Wednesday, April 18, 2018 8:37 AM

To: Dipti Singh < dsingh@lawyeringproject.org >; Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law

Office LLC < kiack@jacklawoffice.com > Cc: Carroll, Bart < BCarroll@isdh.IN.gov >

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Sorry for the delay. Bart and I have been unable to meet and discuss a summary until just now. We're happy to meet tomorrow. Would a time between 1:30 and 3:30 work?

For each request to the Non Parties, we would like complete production of the requested items. In an effort to expeditiously resolve this without having to take the lengthy step of utilizing outside counsel, the ISDH is amendable to making some concessions. The ISDH is agreeable to modifying the requests as follows:

- 1. To satisfy the ISDH's requests of (1)(a), (1)(b), (1)(c), (1)(e), and (1)(g), we propose the Non Parties provide the Operating Agreements, Articles of Incorporation, and Member Lists (if any) for the Non Parties in effect from August 11, 2017 to January 3, 2018. The ISDH does not object to the Non Parties redacting information regarding how members are paid or other financial terms.
- 2. (1)(d): Any and all meeting minutes of the Non Parties' Boards of Directors regarding or mentioning Whole Woman's Health Alliance for the three-year period immediately preceding the application date (August 11, 2017). If there is not a Board of Directors for each entity, then any and all meeting minutes of its managers regarding or mentioning Whole Woman's Health Alliance for the three-year period immediately preceding the application date (August 11, 2017). This includes Whole Woman's Health Alliance under its current and former names during this time period.
- 3. (1)(h): All surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017).

Thank you for your consideration of the above modifications to the Non Party requests.

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Wednesday, April 18, 2018 9:47 AM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Stephanie Toti < stoti@lawyeringproject.org>; Kathrine D. Jack, Jack Law

Office LLC < kiack@jacklawoffice.com > Cc: Carroll, Bart < BCarroll@isdh.IN.gov >

Subject: Re: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

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Good morning, Bart and Adrienne.

I am writing to postpone our call until tomorrow. We haven't yet received the summary of what you'd like to discuss with respect to the nonparty requests and a phone call would be most productive after we have had an opportunity to review and consider your outstanding discovery issues. Could you email us the summary today and speak with us tomorrow afternoon ET instead?

Thanks very much.

Sincerely,

Dipti Singh*
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828
dsingh@lawyeringproject.org

*Admitted to practice in California

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From: Dipti Singh

Sent: Tuesday, April 17, 2018 10:10:26 AM

To: Brune, Adrienne; Stephanie Toti; Kathrine D. Jack, Jack Law Office LLC

Cc: Carroll, Bart

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good afternoon.

We are available at 12 pm et tomorrow. As we discussed yesterday, if you could send us a summary of the issues you'd like to discuss in advance of the call, we would appreciate it. We can use the below call-in information for the call:

Phone: (605) 472-SS28

Pin: 268831

Thanks very much.

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Tuesday, April 17, 2018 7:45 AM

To: Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law Office LLC < kiack@jacklawoffice.com >; Dipti

Singh <<u>dsingh@lawyeringproject.org</u>> **Cc:** Carroll, Bart <<u>BCarroll@isdh.lN.gov</u>>

Subject: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Bart and I would like to set up a phone call to discuss the ISDH's Non-Party Requests for Production. Are you available tomorrow afternoon for a call? It looks like both of our afternoons are open, so whatever time works for you all, we can be available.

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov





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From:

Carroll, Bart

Sent:

Friday, April 13, 2018 S:07 PM

To:

Dipti Singh; Brune, Adrienne; Stephanie Toti; john@johnbucy.com; Kathrine D. Jack, Jack

Law Office LLC

Subject:

RE: ACL-000132-18

Thank you so much. That time (3:4S est) will work great. We would appreciate you circulating a call in number for the call.

Sincerely,

BART CARROLL, JD

Litigation Chief

Office of Legal Affairs Indiana State Department of Health 317.233.7766 office 317.234.6278 fax bcarroll@isdh.in.gov www.StateHealth.in.gov









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From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 13, 2018 2:54 PM

To: Brune, Adrienne <ABrune@isdh.IN.gov>; Carroll, Bart <BCarroll@isdh.IN.gov>; Stephanie Toti

<stoti@lawyeringproject.org>; john@johnbucy.com; Kathrine D. Jack, Jack Law Office LLC <kjack@jacklawoffice.com>

Subject: Re: ACL-000132-18

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Adrienne,

Good afternoon. We are available at 3:45 et on Monday. Please let us know if you have a call in number you'd like to use. If not, I can circulate one.

Thanks very much.

Best,

Dipti

Dipti Singh*
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Admitted to practice in California

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From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Friday, April 13, 2018 6:48:35 AM

To: Dipti Singh; Carroll, Bart; Stephanie Toti; john@johnbucy.com; Kathrine D. Jack, Jack Law Office LLC

Subject: ACL-000132-18

Good morning:

Bart and I were hoping we could schedule a phone call on Monday to discuss discovery responses. I realize we're dealing with different time zones, so we can be flexible. Do you have availability Monday afternoon for a call?

Thanks,

Adrienne

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov





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From: Dipti Singh <dsingh@lawyeringproject.org>

Sent: Thursday, April 05, 2018 10:24 PM
To: Carroll, Bart; Brune, Adrienne

Cc: Stephanie Toti; Kathrine D. Jack, Jack Law Office LLC

Subject: Whole Woman's Health Alliance v. Indiana State Department of Health, Cause No.

ACL-000132-18 - Email 1 of 2

Attachments: Petitioner's Responses and Objections to Respondent's First Set of Requests for

Production.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Bart and Adrienne,

Please see attached Petitioner's Responses and Objections to Respondent's First Set of Requests for Production in the above-captioned matter. Documents Bates numbered WWHA00001-WWHA001521 will follow in a second e-mail. Please note that the attached contain material designated as confidential and/or trade secrets.

Sincerely,

Dipti Singh*

(Pronouns: she, her)
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Licensed in California

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STATE OF INDIANA)) SS:	BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH
COUNTY OF MARION)	
)	CAUSE NO. ACL-000132-18
WHOLE WOMAN'S HEALTH)	
ALLIANCE,)	
)	
Petitioner,)	
v.)	
)	
INDIANA STATE DEPARTMENT)	
OF HEALTII)	
)	
Respondent.)	
)	
)	

PETITIONER'S RESPONSES AND OBJECTIONS TO RESPONDENT'S FIRST SET OF REQUESTS FOR PRODUCTION

Pursuant to Rules 26 and 34 of the Indiana Rules of Trial Procedure, Petitioner Whole Woman's Health Alliance ("Petitioner"), by and through its undersigned counsel, hereby objects and responds to Respondent Indiana State Department of Health's ("Respondent's") First Request for Production, served on Petitioner on February 26,2018 (the "Requests").

These responses are true and correct, so far as Petitioner is aware, according to information available at the time. Petitioner reserves the right to object to future discovery on the same or related matters and does not waive any objections by providing the documents referenced in these responses. Petitioner further reserves the right to object to the admissibility of any of its responses or any of the documents produced in response to Respondent's Requests, in whole or in part, at the hearing in this action, on any grounds, including, but not limited to, materiality, relevance, and privilege. Furthermore, a statement that documents will be produced

in response to a particular request does not mean that Petitioner knows such documents exist or are in its possession; it means only that if such documents exist, are in Petitioner's possession, are subject to discovery in this action, and can be located in a reasonable search of the most likely repositories of responsive documents, they will be produced.

OBJECTIONS TO INSTRUCTIONS

1. Petitioner specifically objects to Instruction Number 1 as naming nonparties to the case, including Petitioner's attorneys, thereby purporting to seek (i) documents not within the Petitioner's possession, custody, or control, and (ii) documents subject to the attorncy-client and work product privileges. The Petitioner objects to producing, and will not produce, documents not within its possession, custody, or control, in response to any Request. The Petitioner further objects to producing, and will not produce in response to any Request, any confidential documents prepared by its attorneys for or in anticipation of litigation, any privileged communications between itself and its attorneys, or any communications among the Petitioner's attorneys, except to the extent discovery is permitted by the Indiana Rules of Trial Procedure. To the extent that any privileged information is inadvertently provided in these responses or any documents produced, such provision shall not constitute waiver of the privilege or immunity as to any such information and Respondent shall promptly return or destroy copies of any such information upon request.

OBJECTIONS TO DEFINITIONS

Petitioner specifically objects to the Definitions to the extent they purport to impose a burden
or obligation beyond those required or permitted by the Indiana Rules of Trial Procedure or
other applicable law.

GENERAL OBJECTIONS

Each of the following individual Request responses is made subject to and incorporates the following general objections.

- Petitioner objects to the Requests to the extent that they seek to impose a burden or
 obligation beyond those required or permitted by the Indiana Rules of Trial Procedure, other
 applicable law, or any orders of the Administrative Law Judge.
- Petitioner objects to the Requests to the extent they seek information already available to Respondent.
- Petitioner objects to each of the Requests to the extent that they call for the production of documents that contain confidential or proprietary business information.
- 4. Petitioner objects to each of the Requests to the extent that they call for the production of documents that are protected by any privilege or immunity.

OBJECTIONS AND RESPONSES TO RESPONDENT'S FIRST SET OF REQUESTS FOR PRODUCTION TO PETITIONER

Subject to the foregoing objections, which are incorporated into each response whether or not repeated for emphasis, the Petitioner responds to each Request as follows:

REQUEST NO. 1: Copies of all records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and other documents and electronic records with any information concerning potential conflicts of interest of any member of the Board of Directors.

RESPONSE NO. 1:

Petitioner objects to this Request to the extent it purports to require production of "all" documents and things without limitation (including as to subject matter, materiality, or

accessibility), as overly broad and unduly burdensome. Petitioner also objects to the vagueness and ambiguity of the undefined term "potential conflicts," as it fails to make apparent the subject matter of this Request. Petitioner objects that the Request is not stated with reasonable particularity in that it fails to identify the categories or types of information sought. As a result, it is unclear what type or types of information Respondent seeks. Petitioner objects that the Request for "potential conflicts," which calls for the production of documents that contain confidential or proprietary business information with no limitation or other specificity as to scope, is overly broad, unduly burdensome, oppressive, neither relevant to the subject matter of the pending action nor reasonably calculated to lead to the discovery of admissible evidence regarding any party's claim or defense, and appears to be designed to harass or otherwise cause undue, unnecessary, immaterial, and irrelevant expenditure of Petitioner's time and resources. Petitioner's decision to exercise its legal right to seek review of Respondent's denial of Petitioner's application for a license to operate an abortion clinic does not entitle Respondent to use discovery as a fishing expedition into Petitioner's business records.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 2: Copies of every document and record of any kind identified in the Indiana State Department of Health's *First Set of Interrogatories* to Whole Woman's Health Alliance, Interrogatory No. 8.

RESPONSE NO. 2:

Petitioner objects to the vagueness and ambiguity of this Request, as it fails to make apparent the scope of information sought. Subject to the forgoing objections, Petitioner hereby produces documents responsive to this Request that are Bates numbered WWHA000001-000041.

REQUEST NO. 3: A copy of each and every operating agreement, member agreement, or any other agreement between members concerning the LLC of Whole Woman's Health Alliance which the organization operated under at any time for the period from January 1,2016 through December 31, 2017.

RESPONSE NO. 3:

Petitioner objects to the vagueness and ambiguity of this Request with respect to the term "members." Petitioner also objects that this Request is unintelligible with respect to the phrase "concerning the LLC of Whole Woman's Health Alliance which the organization operated under." Furthermore, Petitioner is a nonprofit entity and does not have "members" or an "operating agreement." To the extent this Request seeks organizational documents concerning Whole Woman's Health, LLC, Whole Woman's Health, LLC is a separate legal entity and any organizational documents of Whole Woman's Health, LLC are in its possession, custody, or control. It is unclear what documents Respondent seeks in response to this Request.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 4: All meeting minutes of the Board of Directors for the period from January 1, 2016 through December 31, 2017.

RESPONSE NO. 4:

Petitioner objects that the Request is not stated with reasonable particularity in that it fails to identify the categories or types of information sought within Petitioner's Board of Director meeting minutes. Petitioner objects that the Request for "all [Board of Director] meeting minutes," without limitation (including as to subject matter or materiality) or other specificity as to scope, is overly broad, unduly burdensome, oppressive, neither relevant to the subject matter of the pending action nor reasonably calculated to lead to the discovery of admissible evidence regarding any party's claim or defense, and appears to be designed to harass or otherwise cause undue, unnecessary, immaterial, and irrelevant expenditure of Petitioner's time and resources. Petitioner's decision to exercise its legal right to seek review of Respondent's denial of Petitioner's license to operate an abortion clinic does not entitle Respondent to use discovery as a fishing expedition into Petitioner's business records. Petitioner further objects to this request because it calls for the production of confidential and proprietary business information, and Respondent has informed us that it will disclose this information to members of the public upon request. Petitioner objects to the vagueness and ambiguity of this Request to the extent it fails to make apparent the scope of the information sought. Petitioner objects to this Request to the extent that it seeks documents protected from disclosure by the attorney-client privilege, work product doctrine, or any other applicable privilege or immunity.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared

to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 5: All memoranda, interoffice communications, records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and other documents and electronic records of Whole Woman's Health Alliance which refers to and/or otherwise mentions any of the following LLC organizations: Whole Woman's Health of McAllen, LLC; Whole Woman's Health of San Antonio, LLC; Whole Woman's Health of Fort Worth, LLC; Whole Woman's Health of the Twin Cities, LLC; Whole Woman's Health of Peoria, LLC; Whole Woman's Health of Beaumont, LLC; and Whole Woman's Health of Baltimore, LLC.

RESPONSES NO. 5:

Petitioner objects to this Request to the extent it purports to require production of "all" memoranda, interoffice communications, records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and unspecified classes of "other documents," without limitation (including as to subject matter, materiality, or accessibility), as vague, overbroad, and unduly burdensome. Petitioner objects that the Request does not describe the documents and things sought with reasonable particularity to enable Petitioner to make a reasonable search. Petitioner further objects to this Request to the extent it seeks documents and things that "refer to and/or otherwise mention" the enumerated entities without limitation (including as to subject matter, materiality, or accessibility), as vague, overbroad, unduly burdensome, disproportional to the needs of the case, and because it purports to require production of documents and things without any limitation as to the subject matter of the above-captioned administrative appeal. Petitioner Further objects to this Request because it

calls for the production of confidential and proprietary business information, and Respondent has informed us that it will disclose this information to members of the public upon request.

Petitioner also objects to this Request to the extent that it seeks documents protected from disclosure by the attorney-client privilege, work product doctrine, or any other applicable privilege or immunity.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 6: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Baltimore is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 6:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overhroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner hereby produces non-privileged documents responsive to this Request that are Bates numbered WWHA000042-WWHA000058.

REQUEST NO. 7: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Peoria is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 7:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show," Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 8: Provide copics of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Twin Cities is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 8:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 9: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Fort Worth is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 9:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the

Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 10: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of McAtlen is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 10:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 11: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would

tend to show that Whole Woman's Health of San Antonio is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 11:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 12: All documents referred to in responding to the Department's First Set of Interrogatories.

RESPONSE NO. 12:

Petitioner objects to this Request as overly broad, unduly burdensome, vague, ambiguous, and not reasonably specific insofar as it requests documents "referred to" in responding to the Respondent's interrogatories. Petitioner objects to this Request to the extent it seeks documents protected by attorney-client privilege or the attorney work product doctrine. Petitioner further objects to the Request to the extent it seeks confidential and proprietary information.

Petitioner states that all non-privileged documents that are responsive to this Request have been produced in response to prior requests.

REQUEST NO. 13: Any remaining documents that are relevant to the issues presented in the above-captioned administrative hearing.

RESPONSE NO. 13:

Petitioner objects to this Request to the extent it seeks documents protected from disclosure by any applicable privilege or immunity. Petitioner objects to this Request to the extent it seeks all remaining relevant documents, as Petitioner can only provide those documents of which it is aware. Petitioner objects to this Request because it is premature, as discovery in this matter is ongoing and Respondent has not yet responded to Petitioner's discovery requests. Petitioner also objects to this Request to the extent it seeks documents outside the possession, custody, or control of Petitioner.

Subject to the foregoing objections. Petitioner hereby produces non-privileged documents responsive to this Request that are Bates numbered WWHA000059_WWI1A001521.

REQUEST NO. 14: Produce the resume or curriculum vitae of each person you plan to call as an expert witness in this matter.

RESPONSE NO. 14:

Petitioner objects to this Request as premature and expressly reserves the right to supplement, clarify, revise, or correct this response. Subject to the foregoing objections.

Petitioner states that all the present time there are no documents responsive to this Request.

Respectfully Submitted,

Dipti Singh, Att'y No. 6344-95-TA
Lawyering Project
811 W. 7th Street, 12th floor
Los Angeles, CA 90017
(646) 480-8973
dsingh@lawyeringproject.org

Stephanie Toti, Att'y No. 6343-95-TA Lawyering Project 25 Broadway, 9th floor New York, NY 10004 (646) 490-1083 stoti@lawyeringproject.org Kathrine D. Jack (By Dipt Singh)
Kathrine D. Jack, Att'y No. 26851-49

JACK LAW OFFICE LLC
One Courthouse Plaza
P.O. Box 813
Greenfield, IN 46140
(317) 477-2300

kjack@jacklawoffice.com

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing has been served on counsel of record for Respondent, listed below, by e-mail, on April 5, 2018.

Bart Carroll
Adrienne Brune
Office of Legal Affairs
Indiana State Department of Health
2 North Meridian
Indianapolis, IN 42604
(317) 233-7766
BCarroll@isdh.IN.gov
ABrune@isdh.IN.gov

/s/Dipti Singh Lawyering Project 811 W. 7th Street, 12th floor Los Angeles, CA 90017 (646) 480-8973 dsingh@lawyeringproject.org

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From:

Brune, Adrienne

Sent:

Friday, April 06, 2018 10:46 AM

To:

'Clare Deitchman'

Cc:

ISDH Court Administrator

Subject:

RE: Whole Woman's Health Alliance

Yeah, I believe we scheduled it during the first PHC.

From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Friday, April 06, 2018 10:45 AM

To: Brune, Adrienne <ABrune@isdh.IN.gov>

Cc: ISDH Court Administrator < CourtAdministrator@isdh.IN.gov>

Subject: Re: Whole Woman's Health Alliance

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Okay, thanks. I wonder if we just did it during the prior call. I will get notices drafted and out today. I will be bringing the ISDH mail over early afternoon. Clare

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From: "Brune, Adrienne" < ABrune@isdh.IN.gov>
To: Clare Deitchman < cdeitchmanlaw@att.net>

Cc: ISDH Court Administrator < CourtAdministrator@isdh.iN.gov>

Sent: Friday, April 6, 2018 10:40 AM

Subject: RE. Whole Woman's Health Alliance

Good morning:

I have it on my calendar for 4/17 at 9:30 a.m. I don't have a Notice of a 2nd PHC in my file, I don't recall getting one either.

Adrienne

From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Friday, April 06, 2018 10:37 AM

To: Brune, Adrienne <ABrune@isdh.IN.gov>

Cc: ISDH Court Administrator < CourtAdministrator@isdh.IN.gov>

Subject: Re: Whole Woman's Health Alliance

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Adrienne,

Sorry I hit enter before I was done typing my question.

I have the above matter on my calendar for April 17, 2018 but no time. I don't see that I have sent it for a second prehearing conference call, and not sure what we are doing other than waiting for the temporary admissions to be granted.

Do you have this on your calendar? If not, I am going to have to send out some thing to get this moving along.

Clare

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From: Clare Deitchman < cdeitchmanlaw@att.net>

To: Adrienne Brune <abrune@isdh.in.gov>

Cc: ISDH Court Administrator < courtadministrator@isdh.in.gov>

Sent: Friday, April 6, 2018 10:34 AM Subject: Whole Woman's Health Alliance

ACL-000132-18

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Brune, Adrienne

From:

Kathrine D. Jack, Jack Law Office LLC <kjack@jacklawoffice.com>

Sent:

Monday, April 09, 2018 12:14 PM

To:

Brune, Adrienne; Dipti Singh; Carroll, Bart

Cc:

Stephanie Toti

Subject:

RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No.

ACL-000132-18

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Hello Adrienne,

We are willing to allow an extension until Wednesday to respond the Interrogatories, but won't agree to any further extensions.

Thank you! Kathrine Jack

Jack Law Office LLC One Courthouse Plaza Greenfield Chamber of Commerce Building Post Office Box 813 Greenfield, IN 46140

Office: 317-477-2300 Fax: 317-515-6377 kjack@jacklawoffice.com www.jacklawoffice.com

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----- Original Message -----

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department

of Health, Case No. ACL-000132-18

From: "Brune, Adrienne" <ABrune@isdh.IN.gov>

Date: Mon, April 09, 2018 9:21 am

To: Dipti Singh <dsingh@lawyeringproject.org>, "Carroll, Bart"

<BCarroll@isdh.IN.gov>

Cc: "Kathrine D. Jack, Jack Law Office LLC" <kjack@jacklawoffice.com>,

Stephanie Toti <stoti@lawyeringproject.org>

Good morning, Dipti:

I apologize for the confusion. I was greeted this morning with several bounced back emails due to size. I am resending in the next five (5) emails. Please let me know if you do not receive the following five (5) emails not including this email.

Additionally, my client has asked that I request additional time for him to review the Interrogatories. We would like until Wednesday at the latest. Please let me know if that is an issue. I, again, apologize for the delay.

Thank you,

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.orq]

Sent: Friday, April 06, 2018 8:58 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

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Dear Adrienne,

I did not receive the 4:33 PM email included in the chain below. Could you resend it, please?

Also, we are in receipt of two documents that were sent as attachments: (1) Respondent's Response to the Requests and (2) a document entitled "RFP #13." Could you confirm that those are the only two documents you emailed us today? If we are missing any documents that you emailed today, could you please resend?

Thanks very much.

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Friday, April 6, 2018 1:40 PM

To: Dipti Singh < dsingh@lawyeringproject.org >; Carroll, Bart

<<u>BCarroll@isdh.IN.gov</u>>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

And lastly, attached is Respondent's Response to the Requests. Please let me know if you have any difficulty opening these.

Adrienne

From: Brune, Adrienne

Sent: Friday, April 06, 2018 4:33 PM

To: 'Dipti Singh' < <u>dsingh@lawyeringproject.orq</u>>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: 'Kathrine D. Jack, Jack Law Office LLC' < kjack@jacklawoffice.com >;

'Stephanie Toti' < stoti@lawyeringproject.org >

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Good afternoon:

This is email 1 of 2 containing Respondent's Responses to Petitioner's First Request for Production of Documents.

Thanks!

Adrienne

From: Brune, Adrienne

Sent: Friday, April 06, 2018 3:15 PM

To: 'Dipti Singh' <dsingh@lawyeringproject.org>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Thanks, Dipti. Have a great weekend!

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 06, 2018 2:42 PM

To: Brune, Adrienne <<u>ABrune@isdh.IN.gov</u>>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC <kjack@jacklawoffice.com>; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: Re: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

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Good afternoon, Adrienne. Understood.

Sincerely, Dipti

Dipti Singh*
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828

dsingh@lawyeringproject.org
*Admitted to practice in California

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From: Brune, Adrienne < ABrune@isdh.IN.gov >

Sent: Friday, April 6, 2018 11:29:23 AM

To: Carroll, Bart; Dipti Singh

Cc: Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Good afternoon:

I'm finalizing the ISDH's Responses to the First Request for Production and will have those to you shortly. Our Interrogatories are awaiting signature with our Chief of Staff, who will need to verify and sign before we can send. He's locked in back-to-back meetings right now, and won't be able to get to review and sign by COB today. We will get the Interrogatory responses to you as soon as it's signed on Monday.

Thanks,

Adrienne

From: Carroll, Bart

Sent: Monday, April 02, 2018 10:30 AM

To: Dipti Singh < dsingh@lawyeringproject.org; Brune, Adrienne

<<u>ABrune@isdh.IN.gov</u>>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com; Stephanie Toti < stoti@lawyeringproject.org

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

Understood. Also, as discussed by telephone, we will have ISDH's responses out on Friday, April 6th.

BART CARROLL, JD

Litigation Chief

Office of Legal Affairs
Indiana State Department of Health
317.233.7766 office
317.234.6278 fax
bcarroll@isdh.in.gov
www.StateHealth.in.gov









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From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, March 30, 2018 3:16 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov >; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < <u>kjack@jacklawoffice.com</u>>; Stephanie Toti < stoti@lawyeringproject.org>

Subject: Re: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

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Dear Bart and Adrienne,

I am following up to request additional time, until Thursday, April 5, to respond to Respondent's First Request for Production.

Sincerely,

Dipti Singh*

Senior Counsel & Strategy Director Lawyering Project 811 W. 7th St., 12th floor Los Angeles, CA 90017

Phone: (646) 480-8973 Fax: (646) 480-8828

dsingh@lawyeringproject.org
*Admitted to practice in California

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From: Dipti Singh

Sent: Wednesday, March 28, 2018 7:43:44 PM

To: Brune, Adrienne; Carroll, Bart

Cc: Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject: Whole Woman's Health Alliance v. Indiana State Department of Health,

Case No. ACL-000132-18

Dear Bart and Adrienne,

Attached please find Petitioner's Responses and Objections to Respondent's First Set of Interrogatories in the above-captioned matter.

As we discussed by phone this afternoon, we will be in touch with respect to Petitioner's response to Respondent's First Request for Production by Monday, April 2, at the latest. Thank you.

Sincerely,

Dipti Singh*

(Pronouns: she, her)

Senior Counsel & Strategy Director

Lawyering Project

811 W. 7th St., 12th floor

Los Angeles, CA 90017

Phone: (646) 480-8973

Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Licensed in California

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Brune, Adrienne

From:

Brune, Adrienne

Sent:

Wednesday, March 28, 2018 1:07 PM

To:

'etstecker@earthlink.net'

Subject:

Whole Woman's Health Alliance

Attachments:

WWHA SB App Denial Ltr 01.03.18.pdf

Dr. Stecker:

Attached is the Notice of License Application Denial issued January 3, 2018.

Thank you,

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs
Indiana State Department of Health
317.233.7270 office
317.233.7143 fax
abrune@isdh.in.gov
www.StateHealth.in.gov





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Brune, Adrienne

From:

Snyder, Randall

Sent:

Wednesday, January 03, 2018 11:21 AM

To:

Brune, Adrienne

Subject:

FW: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH")

to Deny the Abortion Clinic Application of Whole Women's Health Alliance ("WWHA")

Attachments:

Ltr.to.ISDH.AG.&.Holcomb.re.legally.deficient.WWHA.app.for.clinic_01-01-18.pdf; Pages

from Ltr.to.ISDH.AG.&.Holcomb.EXHIBITS.1,through.6.for.Legal.Opinion_01-01-18-3.pdf

RANDY SNYDER, PT, MBA

Division Director

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From: Shawn Sullivan [mailto:sullyatlaw@sbcglobal.net]

Sent: Wednesday, January 03, 2018 11:10 AM

To: Box, Kristina M <KBox@isdh.IN.gov>; Snyder, Randall <RSnyder1@isdh.IN.gov>

Cc: Shawn Sullivan <sullyatlaw@sbcglobal.net>

Subject: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH") to Deny the Abortion Clinic

Application of Whole Women's Health Alliance ("WWHA")

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Kristina Box, MD < <u>KBox@isdh.in.gov</u>>
Randall Snyder < <u>rsnyder1@isdh.in.gov</u>>

Please find attached a legal letter concerning the above referenced matter. Given the holiday, I just now received approval for the letter from the last of my growing list of represented parties in this matter.

And please be aware that the parties I represent are resolved to fight this matter until the goal is accomplished -- defending against the placement of a new violation-prone abortion clinic in South Bend.

I believe its contents are self-explanatory, but I still encourage you to call me to discuss the matter.

Note that Exhibits 7 through 16, due to their size, will arrive in a separate email, to immediately follow this one.

A hard copy will be provided to you via Federal Express or hand delivery. If you desire to receive it by fax, please provide your facsimile number.

Sincerely,

/s/ Shawn Sullivan

S. F. SULLIVAN, ATTORNEY AT LAW, LTD. 1717 East Wayne Street South Bend, IN 46615

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January 1, 2018 Solemnity of the Mother of God

URGENT via Priority Mail, Email, and Facsimile

The Honorable Kristina Box via kbox@isdh.in.gov and Indiana State Department of Health State Health Commissioner 2 North Meridian Street, 4A Indianapolis, IN 46204

Randall Snyder
via rsnyder1@isdh.in.gov and
Indiana State Department of Health
Director of Acute Care Division
2 North Meridian Street
Indianapolis, IN 46204

Re: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH") to Deny the Abortion Clinic Application of Whole Women's Health Alliance ("WWHA")

Dear Dr. Kristina Box:

I write in opposition to the application of WWHA (a Texas Corporation), to operate an abortion clinic in South Bend, and I write on behalf of a number of similarly situated Indiana groups and citizens, including The Life Center of South Bend, TLC Advocates, 40-Days-for-Life, South Bend, Inc., Hoosiers for Life, Indiana Liberty Coalition, Madalyn's Hope, the Apostolate of Divine Mercy in Service of Life, Marriage and the Family, and the abortion-mothers who were denied their informed consent due to the ISDH's failure to properly regulate the Women's Pavilion in South Bend.

Be advised that in addition to the notice supplied in this letter, the parties represented herein are again launching the "Answer the C.A.L.L. (Citizens Against Licensing the Lawless)" campaign to urge the ISDH to consider all of the evidence concerning WWHA's reputation and history of violations when applying Indiana's laws related to the licensing of abortion clinics. The need for another "Answer the C.A.L.L." campaign is highlighted by ISDH's recent failure to properly regulate the Women's Pavilion in South Bend, enabling that clinic to illegally operate for years while leaving a trail of victimized mothers and families (as evidenced below). The undersigned will be representing any additional groups or persons that are interested in signing-on to the campaign to enforce their rights against the inaction and transgressions of ISDH.

I. Executive Summary: ISDH's Obligation Is To Deny WWHA's Application.

The application of the Texas abortion chain, WWHA, must be denied per I.C. 16-21-2-11(a)(1) and and 40 I.A.C. 26-2-5(1) because WWHA's history of violations at all of its abortion clinics demonstrates that it is "not of reputable and responsible character," and WWHA's application contains evidence that it is on course to mirror the illegal operations of the Women's Pavilion in regards to its administering of RU486. That WWHA will not comply with Indiana's laws is substantiated by its past history of significant violations in other states as well as the Texas applicant's brazen choice for the same "Administrator" who operated the Women's Pavilion during the numerous violations of the law cited herein, including the systematic denial

of informed consent to scores of Indiana mothers. This reckless decision is exacerbated by the plans of WWHA to utilize an itinerant physician with no support system in place in South Bend, a point recently raised by local physicians (discussed below). A reasonable presumption, then, is that WWHA will not comply with Indiana's laws. If the Indiana legislative mandates are to matter, such as I.C. 16-21-2-11(a)(1), and, if 40 I.A.C. 26-2-5(1) is to have any utility, WWHA's application must be denied.

For ISDH to approve the Texas-based abortion clinic would impose great cost on the citizens of Indiana - hundreds of thousands of dollars on surveys and enforcement actions, it would greatly increase the violations of Indiana's laws (which are currently not occurring at all in Northern Indiana). Additionally, as transcribed at a County Council meeting last week, emergency rooms and OBGYN offices will be taxed dealing with the complications that result from the medical abortion process, including being forced to negotiate the treatment when there is still a live unborn child as a result of a botched medical abortion. Based on the local physicians' experience with Women's Pavilion, the circumstances surrounding WWHA's application, with only medical abortions being performed and the itinerant abortionist being out of town, the impact on the South Bend medical community could be significant.

ISDH's approval of WWHA's application would likewise victimize Indiana mothers who are currently being assisted by the numerous crisis pregnancy organizations. Mothers facing a crisis pregnancy in Northern Indiana have a plentitude of complete resources readily available to them such as adoption, medical, financial, or legal assistance, and shelter from homelessness or domestic violence, to support them and their unborn child. Moreover, for the mother who still desires an abortion, there is no undue burden placed on her as she can get an abortion at Planned Parenthood of Merrillville, Indiana, which is only 65 miles from South Bend, and she can consult with Planned Parenthood of Mishawaka, a couple miles from South Bend.

Accordingly, given the legal deficiencies of WWHA's application as well as the costs and other harms that would be inflicted on Indiana's citizenry, approval of WWHA's application would be arbitrary, capricious, and an abuse of discretion.² An abortion clinic in South Bend, to be had at such great expense, when it is not needed by the mothers in South Bend, is simply not mandated by the law. There is no legal basis – neither constitutionally, statutorily, or

¹ At a minimum, WWHA's hiring of the Women's Pavilion's past "Administrator" demonstrates a disregard for its reputation as well as its responsibility to comply with Indiana laws. Even if WWHA argues that it does not intend to systematically violate Indiana's laws governing abortions as the Women's Pavilion did, its negligent choice of Women's Pavilion's "Administrator" shows that WWHA is not "responsible."

² By referencing the "arbitrary, capricious and abuse of discretion" rule, the undersigned is using shorthand for the full standard of obtaining judicial relief when a person has been prejudiced by an agency, which, in this case would entail showing that the ISDH's decision was (1) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (2) contrary to constitutional right, power, privilege, or immunity; (3) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (4) without observance of procedure required by law; or (5) unsupported by substantial evidence. I.C. § 4-21.5-5-14(d). To be clear, this would not be the only relevant standard for seeking the relief available to the class of injured Hoosiers, but it will play a role.

01/01/10 Letter to the Honordote is is that box and Randall bryder by 15D11.......page 5

regulatorily – that compels ISDH to approve WWHA's application. Indeed, to approve of WWHA's application, under these conditions, would also signify ISDH's refusal to take note of the Indiana legislature's previous finding that the protection of unborn children is a compelling state interest. Thus, there is no rational basis for ISDH to spurn the desires of the Indiana citizenry by obligating Indiana taxpayers to fund the regulation of another violation-prone abortion clinic.

II. ISDH's Past Performance in Regulating the Women's Pavilion in South Bend Undercut the Laws of Indiana and Proved to be Overly Costly and Ineffective.

Acknowledging that the ISDH has experienced turnover in personnel over the past year, including at its helm, the following recitation of history is provided regarding the ISDH and its relationship with the Indiana pro-life groups and individuals that are taking a stand against the licensing of lawless abortion clinics/abortionists. It is also highly relevant to the current inquiry and the necessity of the applicant to be "of reputable and responsible character."

The entirety of the laborious history between Women's Pavilion and ISDH need not be reiterated here; a summary of that recent history will suffice to make the necessary point that Indiana cannot afford to re-visit this scenario. The surveys by ISDH, stretched out to be conducted only biennially (much to a rogue abortion clinic's advantage), continually led to voluminous citations against Women's Pavilion, including informed consent violations and practices that were harmful to a woman's health. (See 2010, 2012, and 2014 Survey Reports) These then led to enforcement actions, i.e., agreements, handled by ISDH personnel and sometimes the Attorney General's office. Furthermore, during this same time period, Women's Pavilion was prosecuted for failing to comply with statutory reporting violations, taxing local prosecutors and Indiana's judicial system.

This significant waste of taxpayer monies, due to ISDH's inappropriate licensing of irresponsible applicants, is only part of the damage done to Indiana's citizenry.³ Mothers, presumptively protected by the laws in place, are also harmed when abortionists and abortion clinics are able to take advantage of ISDH's willingness to license clinics that are not "reputable and responsible." It was three years ago to the day (and just months after the 2014 Survey Inspection) that the undersigned was hired to enforce Indiana' informed consent law against Women's Pavilion, given the complaint of a mother who was given the first pill of the medical abortion process without informed consent. The affidavit of that mother who is still mourning to this day is attached hereto as Exhibit I and demonstrates what vigilant pro-lifers assumed was the case in 2014 — that Women's Pavilion was performing medical abortions without the informed consent of the mothers seeking counseling on abortion.

That the Women's Pavilion's violation of the informed consent law was systemic was confirmed with more evidence procured by the vigilante efforts of TLC Advocates. For

³ The enforcement of the pro-life laws of Indiana in regards to abortion clinics was placed solely with ISDH who "shall make all... inspections in response to an alleged breach of this chapter or rules adopted under this chapter." I.C. 15-21-1-10(a); see also I.C. 16-21-2-2.5; see also I.C. 16-21-2-2.5, 2.6.

instance, a statement by one of TLC Advocates, provided to the ISDH, testified to a telephone conversation with the Women's Pavilion staff wherein the administration admitted that they would perform a medical abortion without informed consent. When the ISDH failed to act upon this complaint, another TLC Advocate telephoned Women's Pavilion and audiotaped the conversation wherein the Women's Pavilion administration again admitted that they performed medical abortions without Indiana's informed consent laws. Even with this accumulating and momentous evidence, ISDH did not act, and the number of informed consent violations grew.

This recalcitrance by the ISDH to enforce the informed consent law, and ISDH's intentions to settle past violations of the Women's Pavilion – such intentions being normal for ISDH but being discovered only through a document request⁴ – inspired a coalition of Indiana pro-life groups to launch the "Answer the C.A.L.L." campaign on Ash Wednesday of 2015. (See 2/17/15 Press Release as Exhibit 2, attached hereto) Thousands of signatures were gathered, protests were held, the legal case to force the enforcement of Indiana's laws was prepared, and the media was kept informed. Additionally, the vigilante efforts of TLC Advocates, in gathering evidence of the mounting informed consent violations, continued and was submitted to ISDH.

In June of 2015, the ISDH finally acted, conducted a Survey Inspection of Women's Pavilion, and found 10 out of 10 violations in the Women's Pavilion files they inspected.⁵ These findings, the resulting validation of TLC Advocates' complaints, and ISDH's refusal to renew Women's Pavilion's license is attached hereto as Exhibit 3. It is unclear why ISDH waited so long to react to the illegal operations of Women's Pavilion, in the face of very compelling evidence – whether the ISDH is understaffed or simply unmotivated to enforce Indiana's pro-life laws. It is also unclear why ISDH did not immediately shut down Women's Pavilion and penalize them heavily as they are authorized to do. (See I.C. 16-21-3-1(6); see also I.C. 16-21-3-2, 16-21-2-2.6, 16-21-1-10)

Accordingly, in the absence of ISDH enforcing the revocation of Women's Pavilion's license, the coalition of pro-life constituents referenced above dutifully solicited evidence from mothers who were abortion clients of Women's Pavilion, and over 50 complaints of informed consent violations were submitted to the ISDH. Sadly, as set forth in the correspondence constituting Exhibit 4, attached hereto, the ISDH not only permitted Women's Pavilion to

The groups represented by this notice intend to submit a records request for the entirety of the file accumulated in response to WWHA's application. Because ISDH is still collecting documents, the undersigned prefers to wait until all documents to be collected are collected. To make a showing of a lack of due diligence concerning the "reputable and responsible" determination and to make the "arbitrary and capricious" showing, the entirety of the file will be necessary. In the event that the ISDH denies WWHA's application, prior to the records request referenced herein, no such records request will be necessary.

⁵ The fascinating nature of the ISDH's findings in response to the TLC Advocates' complaints – that there was not one patient file in compliance with the informed consent law - cannot be overstated. It validates all of the complaints of the TLC Advocates and shows a blatant disregard of Indiana's laws, even those that carry a criminal penalty. This brazen-ness by the Women's Pavilion "Administrator" should be an absolute bar to licensing. WWHA's choice of the same "Administrator," and WWHA's own voluminous record of violations, would be enough evidence for a reasonable person to deny WWHA's application.

continue operating without penalty, but it would not process further complaints by the TLC Advocates on the grounds that they were "repetitious." As if a rapist can only be prosecuted for one of many rapes, or a murderer prosecuted for only one of many murders, or a thief charged with one of many thefts, this rationale is so bereft of reason and justice that it can only point to the desire of ISDH to look-the-other-way in the face of criminal wrongdoing by an abortion clinic and exculpate a systematic illegal abortion operation doing great harm to Indiana women.⁶ Pressure on ISDH remained constant including protests and education of the public. (See Handbill and Press Release, Exhibit 5, attached hereto)

Finally, as a matter of background, lest the ISDH point to the revocation of the Women's Pavilion license as a response to the above allegations of malfeasance, the history of the ISDH for at least the past decade – as demonstrated by the survey reports and "enforcement actions" that followed – was for the decision-makers at ISDH to fail to hold Women's Pavilion accountable for their transgressions against the women of Indiana, and to enable Women's Pavilion to continue their systemic violations as long as Women's Pavilion would sign-off on an agreement to "do better next time." Summing up the background, then, the citizens of Indiana have been cheated from having a regulatory body willing to enforce Indiana laws, and the ISDH has left a trail of frustrated constituents and a landscape of harmed women who were victims of an abortion clinic determined to undermine the pro-life laws of the Indiana legislature. Those constituents, along with the other pro-life groups, state representatives, and medical professionals are again standing at ISDH's door asking for ISDH to make the proper findings and render the proper – legal – decision regarding WWHA's application for an abortion clinic.

III. WWHA Cannot Show, As Required, That It Is "Reputable And Responsible."

With so much at stake in approving an abortion clinic that can meet the health and safety standards of Indiana law, it was logical and necessary for the legislature to require that abortion clinic applicants submit an application "showing that the applicant is of reputable and responsible character." I.C. 16-21-2-II(a)(I); 4I0 I.A.C. 26-2-5(1). It is a legitimate threshold because non-reputable and irresponsible abortion clinics will by nature inflict harm on Indiana citizens and unfairly impose significant costs on the taxpayers. And note that this threshold is stated in the conjunctive — it requires that the applicant is both "reputable and responsible." If the applicant is missing either one of these character attributes, the application must be denied. As the evidence cited herein demonstrates, WWHA is a far cry from meeting the "reputable and responsible" requirement, and, accordingly, to approve WWHA's application for an abortion clinic would be arbitrary, capricious and an abuse of discretion.

⁶ If not for the extraordinary vigilante efforts of the TLC Advocates, the persistence of the prolife constituents, the extraordinary readiness of TLC Legal to bring suit, and the fortitude of the Attorney General's office once all the above was set in motion, there is no reason to conclude that Women's Pavilion would not be operating still today with no regard to the Indiana laws concerning informed consent.

⁷ In line with the ISDH's treatment of the TLC Advocate's complaints regarding the harm being done to the clients of the Women's Pavilion, the ISDH took an adverse position to the plans of The Life Center to install a Safe Haven Baby Box on-site of The Life Center, next to the Women's Pavilion.

The impossibility of WWHA showing it is "of reputable and responsible character" is threefold. First of all, public records and public discussion show that WWHA's character is not reputable and it is objectively very poor in terms of compliance with abortion clinic regulations. Second, WWHA's designation of "the person to be in charge of the institution," per 1.C. 16-21-2-11(b)(4), choosing on its application the same "Administrator" that operated the Women's Pavilion during its reign of systematic illegal operations – demonstrates that WWHA is not concerned with its reputation and could not be more irresponsible in showing its commitment to following Indiana law. Thirdly, WWHA's response to the legitimate concerns of Indiana citizens – the medical care to be delivered and the availability of follow-up to compensate for the risk of complications, is non-existent.

A. ISDH Must Deny WWHA's Application Because WWHA Is Not In The Least Bit "Reputable."

To be of reputable character is to enjoy good repute and be held in esteem. WWHA does not enjoy that attribute. Indeed, WWHA is known as the abortion clinic chain with a notoriously poor compliance record. There simply is too much noise about them for it not to be true, and, ultimately, "you are what your record says you are." An article by Abby Johnson, a former abortion clinic worker in Texas, tells it like it is in a very recent report, based on the inspection reports and statements by witnesses with first hand knowledge. (See 10/27/17 "Whole Woman's Health Exposed, /AbbyJohnson/ 2 0 1 7/9/6/Whole-Womens-Health-Exposed, attached hereto as Exhibit 6) The article itself incorporates 50 pages of government inspection reports on which the article is based. (*Id.*) The pervasiveness of WWHA's obliquitous reputation was also acknowledged by the recent headlines of the WASHINGTON FREE BEACON, a national news agency: "Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals." (See article attached hercto as Exhibit 7)

These recent articles are not rhetorical pieces – they are based upon and motivated by the startling inspection reports and testimony. "The documents show a widespread problem of health violations at WWH clinics." (Id.) A look at some of the underlying documents shows that these Texas clinics by WWHA are repeat offenders and not reputable in any sense of the word. (See, e.g., 12/29/15 Inspection Report for WWHA San Antonio, TX, attached hereto as Exhibit 7.1; 12/02/15 Inspection Report for WWHA McAllen, TX, attached hereto as Exhibit 7.2; Exhibit 6, *supra*). Furthermore, it is something that has been going on for a long time as the attached article from 2011 demonstrates, citing the fines against WWHA in Austin and McAllen. (See 12/1/11 "Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains," Exhibit 8 attached hereto; see also Exhibit 6, supra, attached hereto)

The unflattering reputation of WWHA is something that has been noticed by many of the

This quote, which is one of the poignant truisms by NFL Coach Bill Parcells, as well as other dandies, can be found at http://www.azquotes.com/author/11297-Bill Parcells.

The timely article was posted by Charles Fain Lehman On October 27, 2017, and is found at http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/.

watchdog organizations. As THE DAILY CALLER NEWS FOUNDATION commented: "[a] slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017," and citing to the Free Beacon article referenced above. (See THE DAILY CALLER, "Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds," by Grace Carr, 10/27/17, attached hereto as Exhibit 9) The sloppiness negatively effects women's health as set forth in the May 19, 2014 article by Cheryl Sullenger, "Why Should Abortionists have Admitting Privileges? Look at these Botched Abortions at Just One Clinic," found at LifeNews.com. (See Exhibit 10 attached hereto)

And it is not just the Texas clinics of WWHA. The other clinics in Maryland and Illinois have similar violations problems as summarized in Exhibit 11, attached hereto. (Excerpts from chart found at unsafereport.org/wp-content/uploads/2016/12/Unsafe-Chart.pdf) Violations have been a consistent theme of WWHA's operations for a while, as summarized by Operation Rescue, attached hereto as Exhibit 8 (12/1/2011 "Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains")10 Accordingly, when the volume and depth of the violations, along with their consistency from state to state, are considered, it would be irrational to conclude that WWHA is reputable.

Lastly, WWHA went to extreme lengths in its application to defy the "reputable" requirement by appointing as its "administrator," Liam Lynn Morley (see Exhibit 12, attached hereto), the same administrator who managed the Women's Pavilion -- a habitual offender of the laws of Indiana which cost taxpayers and the abortion mothers who sought Women's Pavilion's assistance. 11 As reported by the South Bend Tribune, "Liam Morley is listed as the proposed clinic's administrator. She was an employee for several years at the clinic Klopfer ran (See Exhibit 13, attached hereto). She stated in more than one interview that neither she nor the group she heads - "Pro Choice South Bend" - was involved in the effort to launch a clinic in South Bend. (See, e.g., id.) Clearly, then, it is WWHA that sought-out Ms. Morley and would have been aware of her past experience with Women's Pavilion when the clinic was engaging in a culture of illegality. Hardly the pick any reasonable person would make if that reasonable person was trying to satisfy the "reputable" requirement in order to be licensed.

The fact that WWHA chose the Women's Pavilion's operator to be its administrator validates the concern of the local medical community that WWHA fits the same compliance profile as Women's Pavilion. (See Exhibit 13, attached hereto, WSBT News Reporting on 12/6/17 County Council Meeting) That makes the point of Northern Indiana family physician Laura McGuire all the more poignant when she stated at the Council Meeting that she's "concerned about the former South Bend abortion clinic, which was shut down after failing to

The article can be found at www.operationrescue.org/archives/over-83000-in-fines-assessedin-texas-for-illegal-dumping-of-aborted-baby-remains/

Searches on social media by the TLC Advocates confirm that this is the same "Lynn Morley" or "Liam Lynn Morley" that operated the Women's Pavilion for the last several years of the clinic's operations (see Exhibit 12a, attached hereto), during which the TLC Advocates accumulated evidence including an audio recording - of the Women's Pavilion's practice of bypassing the informed consent law.

procedures to the state, and we know that there is an organization here [WWHA] that has the same kind of profile as Dr. Klopfer " (<u>Id.</u>) During the two hour meeting, a number of other members of the medical community recited their concerns of the shaky reputation of WWHA.

The violation-prone operations of the Texas group are an even more serious concern to the medical community because of the lack of a plan to deal with complications or recovery of the patients of WWHA's circuit doctor, Dr. Jeffrey Glazer. (See id., Exhibit 13, attached hereto: Exhibit 15, attached hereto, 12/7/17 S.B. Tribune reporting "Group of Doctors Speak Against South Bend Abortion Clinic") The medical community in Northern Indiana complained that WWHA would "burden the medical community" and that "local hospitals will be compelled to provide treatment to women with complications from medication-induced abortions." (Exhibit 15, attached hereto) The doctors went into detail over the two hour process describing the complications that do arise on a statistical basis and how in the past that they have been forced to deal with them. They also lamented that a circuit doctor, likely in South Bend for one day per week, and continuously traveling, would not be available for any follow care, and was not a good match for WWHA's plan of medical abortions. Given WWHA's horrid compliance record. and the fact that their proposed physician is commonly traveling between his practice in Indianapolis and two other states, this is an authentic issue that deserves an authentic response.

Part of the reason why the clients represented by this letter, and the undersigned, waited until now to provide this legal opinion to ISDH is that we were waiting to see how or if WWHA would respond to any of the inquiries or criticisms regarding their application to locate in South Bend. Instead of responding with evidence that WWHA is reputable and responsible, WWHA has only responded with political rhetoric. The legitimate concerns of Indiana citizens regarding WWHA's compliance problems, the similarities of WWHA with Women's Pavilion, and the health and safety concerns raised by WWHA's application was met with venomous political attacks:

- As part of the South Bend Tribune's reporting on the application, October 14, 2017, the President and CEO of WWHA stated in an email attributed to her: "It is our commitment to go into places that are underserved and where women have suffered because so many clinics have shuttered due to continued political interference. South Bend women and families deserve access to high quality abortion care services..." (Exhibit 14, attached hereto)
- A couple weeks after that statement, the President and CEO of WWHA issued another political motivation to their application: "As we witness ongoing attempts by the Trump administration to bully and block women who need abortion care, I'm proud to announce that we are expanding our healthcare work, to open . . . the clinic in South Bend as soon as we can. . . . to combat abortion stigma." (Exhibit 16, attached hereto, WNDU coverage of WWHA application)12

In that same WNDU coverage, the quote of Shelly Dodson, Center Director of All-Options in Indiana, shows the mistaken political motivations of WWHA's continuous diatribe against President Trump, Vice President Pence, and the pro-life legislature of Indiana: "We are thrilled that Whole Woman's Health

- In response to the complaints of the medical community the WWHA responded with this statement: "[A]ccess to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and ... we are committed to improving people's lives by providing access to the best medical care, which include the full range of reproductive health services for women." (Exhibit 15, attached hereto)
- WWHA has not provided a response to the mounting concerns by the South Bend medical community, and they declined to interview on that topic or any of the other topics such as the financial burden on taxpayers given its similarity to the Women's Pavilion debacle or the fact that mothers are getting the services they need in South Bend, the president and CEO of WWHA instead declared generically that WWHA clinics are "committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."13 (Exhibit 13, attached hereto)

It stands to reason then that the concerns of the elected officials, the Northern Indiana pro-life community filling the needs of pregnant mothers, the medical community in South Bend have legitimate concerns about the "reputation" of WWHA and that reputation cannot be sufficiently rehabilitated with so much water under the bridge. The ISDH is left with no choice except to deny the application of WWHA on the basis of WWHA's horrid compliance record, its similarities with the costly Women's Pavilion debacle, its decision to hire the administrator of Women's Pavilion during its lawless rein that led to its closure, and the fact that WWHA's plan of a circuit doctor is problematic in the dispensation of medical abortions - which occurs out of the abortion clinic a day or three after the initial pill - and will impose a significant cost on the medical community.

There is no legal requirement, Constitutional or otherwise that requires ISDH to do anything other than to deny the Texas group's application. Even if the "undue burden" standard was relevant here, and it is not, no undue burden exists in Northern Indiana for a mother seeking an abortion to get her abortion counseling within a couple miles, and, if an abortion is still desired, only travel 65 miles. Accordingly, WWHA's disrepute, and there being no undue burden, for the ISDH to anything other that deny WWHA's application would be arbitrary, capricious and an abuse of discretion.

will be opening a clinic in South Bend, and look forward to having another provider to refer clients to in Indiana, reducing their need to travel out of state to find the abortion care they need." (Exhibit 16, attached hereto) It is false and misleading to say that abortion-minded mothers need to go out of state for abortions services when they can travel a couple miles to the Planned Parenthood of Mishawaka, for abortion counseling, or they can go straight to the Planned Parenthood of Merrillville for a medical or surgical abortion.

¹³ WWHA's generic statements do not constitute evidence of "reputation," and given the factual record of WWHA's performance at its number of clinics, the generic statements are completely false. Again, "you are what your record says you are." (See supra note 8)

В. ISDH Must Deny WWHA's Application Because WWHA Is Not "Responsible."

Even if the ISDH found WWHA to be "reputable" - an improbable hypothetical -WWHA does not meet the "responsible" criterion as part of I.C. 16-21-2-11(a)(1) and 410 I.A.C. 26-2-5(1). "Responsible" is not an ambiguous term, and is often defined by having "obligations" or "accountability," and "liable to be called on to answer." And to state again, both criterion, "reputable" and "responsible," must be met despite the similarities between the two requirements. To the extent that the evidence showing WWHA is not "reputable" is the same as the evidence to show that WWHA is not "responsible," the relevant portions above will be referenced instead of being repeated in their entirety.

For many of the same reasons cited above, WWHA falls woefully short of meeting the "responsible" requirement. There are hundreds of pages of violations and penalties demonstrating how irresponsible WWHA is. (See supra pp. 5 - 8) Would WWHA dare to say that its record of violations and penalties constitutes "responsible" conduct? WWHA would condemn itself with its own words if such a statement were made; in WWHA's instance, it is best to remain silent and plead the 5th. Simply put, no reasonable person would argue that WWHA's compliance record and willingness to comply with the law demonstrate "responsible" character.

WWHA's irresponsibility is further shown by the choice of its "Administrator," choosing the former administrator of the Women's Pavilion – the same administrator whose tenure encompassed the years of illegally dispensing RU486 without informed consent. (See supra pp 2 - 5) The charges levied against Women's Pavilion were very serious, especially the statutory rape charges and the informed consent violations that bear criminal penalties. To hire the same Administrator who was just one of the few staff members of Women's Pavilion during this time sends a clear message of severe irresponsibility.

WWHA demonstrates its lack of "responsibility" by concecting a business model with an absentee "Medical Director," the doctor/abortionist, who will likely not be in town or available when his patients take the second pill of the chemical cocktail known as RU486, which causes the patient to undergo contractions and expel the fetus. ¹⁴ Even using the figures proposed by the abortion industry (which are not supported by the experiential data collected by watchdog groups), the complication rate for medical abortions is at 5.2%. Accordingly, is it responsible

¹⁴ Mifepristone (mifeprex) is the first pill of the RU486 pill process and the first pill kills the unborn child by cutting-off the child's nutrition, and, then, the second pill, Misoprostol, taken at home by the mother causes her to undergo contractions in order to expel her child wherever she happens to be at that time. For a description of the history of RU486, and the process used by the abortion industry (albeit from a pro-life perspective), see www.40daysforlife.com/2017/12/08/ru-486/.

^{15 &}quot;Incidence of Emergency Department Visits and Complications After Abortion" by Advancing New Standards in Reproductive Health ("ANSIRH"), Ushma D. Upadhyay, PhD, et. al., published in OBSTETRICS & GYNECOLOGY: January 2015 - Volume 125 - Issue 1 - pp. 175-183, p.1, found online at http://journals.lww.com/greenjournal/fulltext/2015/01000/Incidence of Emergency Department Visits

to devise a business model using a circuit doctor who will unlikely not be available for follow up when the mother takes the second pill at home or wherever she is at that time? The complication prone medical abortion process screams for an ever-ready doctor so that every complication does not end up in the emergency room. An agreement with a local doctor who has admitting privileges to a local hospital does not reduce this need for immediate care by mothers experiencing complications from the second pill.

Since, complication rates for medical abortions are much higher than surgical abortions (again, with medical abortions being 5.2%), 16 is WWHA behaving responsibly when it has requested, through its attorneys, for the waiver of certain abortion clinic requirements so that they do not have to adhere to all of the laws on the books for such clinics? should there not be more of regulatory imposition on WWHA's proposed business model in order to protect Indiana mothers? Do not Indiana citizens, not interested in a medical problem being imposed on them, deserve more than political rhetoric (see <u>supra</u> pages 8-9) in response to the complications that arise from medical abortions? WWHA's request and business model are irresponsible.

How can WWHA claim that they are "responsible" when its proposed business model imposes emergencies and immediate-care-questions on others, especially considering that most of those others do not want to handle it. This was a common refrain of the medical community in South Bend as they brought their concerns to the County Council. (See Exhibits 13, 14, and 15 attached hereto) The medical profession in South Bend has sounded the alarm, and WWHA can only muster political rhetoric to justify its business plan. Is that responsible? Even if the complication rates are as low as the abortion industry says they are for medical abortions, 5.2 %, there still will be a significant impact on the medical community of South Bend unless there is a plan in place to deal with the emergencies and the post-RU486 dispensation. Accordingly, since there is no plan in place beyond an "agreement" with a doctor in the area who has admitting privileges, which of course does not lessen the impact on the local medical community, WWHA's plan is irresponsible.

WWHA's inability to demonstrate that it is "responsible" in the face of such serious matters demands that the ISDH deny WWHA's application. The concerns of the legislature which drafted the legislation requiring clinic applicants to be "reputable and responsible" should be followed. The concerns of the individual elected officials - both state and federal - should be listened-to given that their position enables them to see that mothers are being cared-for in Northern Indiana, and abortion services are still available to those who desire them. The Northern Indiana citizens who do not want their taxes spent on a violation-prone, out-of-state

16 Id. at p. 1. Although this study was done by the abortion industry, it still admits that "complication rates are underestimated by low follow-up rates." (p. 1) Watchdog groups claim that only one out of 10 complications are reported. See www.40daysforlife.com/2017/12/08/ru-486/. That certainly has been the experience of the local watchdog groupslike TLC Advocates and 40 Days for Life, South Bend, who have witnessed firsthand that the complication rate for these medical abortions is much higher than reported by the abortion industry. (Cf. Exhibit 1, attached hereto, describing the regret of a mother who experienced a medical abortion)

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organization should be taken seriously. And last, but not least, the medical community in South Bend who do not want to be responsible for the complications of WWHA provide a relevant and persuasive reason for denying WWHA's application. What is irrelevant and demonstrative of the irresponsibility of WWHA is treating the matter as a political matter deserving only of political rhetoric instead of real facts responsive to the issues at hand.

The ISDH is left with no choice except to deny the application of WWHA on the basis of WWHA's horrid compliance record, its similarities with the costly Women's Pavilion debacle, its decision to hire the administrator of Women's Pavilion during its lawless rein that led to its closure, and the fact that WWHA's plan of a circuit doctor is problematic in the dispensation of medical abortions - which occurs out of the abortion clinic a day or three after the initial pill and will impose a significant cost on the medical community.

As stated above, there is no legal requirement, Constitutional or otherwise that requires ISDH to do anything other than to deny the Texas group's application. Even if the "undue burden" standard was relevant here, and it is not, no undue burden exists in Northern Indiana for a mother seeking an abortion to get her abortion counseling within a couple miles, and, if an abortion is still desired, to travel 65 miles. Accordingly, WWHA's inability to meet the "reputable and responsible" requirement, and the "undue burden" standard being inapplicable, the ISDH would prejudice Northern Indiana citizens and the medical community by granting WWHA's application, and, accordingly, granting the application would be (1) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (2) contrary to constitutional right, power, privilege, or immunity; (3) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (4) without observance of procedure required by law; or (5) unsupported by substantial evidence. (I.C. 4-21.5-5-14(d))

IV. Conclusion

With new leadership at ISDH, there is an opportunity here for that new leadership to build a trusting relationship with the constituents here in the Northern portion of the state. These same constituents had their faith in ISDH severely shaken after years of licensing the lawlessness of the Women's Pavilion. ISDH's lack of zeal to enforce the laws against the Women's Pavilion, and ISDH's evasive conduct in prosecuting and shutting down an operation that admitted it was systemically violating the criminal laws of the state related to informed consent.

We are also calling on the Attorney General's office and the Governor's office to do their part in ensuring that Indiana's citizens are heard and that the ISDH docs not abuse its discretion. go outside the existing law and evidence, and inflict great harm on our community in Northern Indiana. We note that the current Attorney General, Curtis Hill, Jr., has stated that he is "an advocate for the people." We will call him to be just that. We will bring this issue to the populace, elected officials, the ISDH and the courts. We plan on continuing to promote a great deal of attention on this issue through the media, social media, and public protests.

We will be there to encourage and support your efforts to do the just and legal action necessitated by the law and facts governing this matter. Lest there be any concern over a WWHA lawsuit when its application is denied, consider that a blessing. The opportunity to do justice in this instance is well worth the time, energy, and expense. The entirety of the international pro-life community would applaud and support your effort to dispel current myths regarding medical abortions and educate the world with the salient truths concerning the physical effects and complications, the psychological effect on mothers, and the deplorable state of compliance with the current - yet insufficient - regulations governing the medical abortion industry.

Please feel free to contact me regarding any of the above, and I will keep you informed of the growing number of similarly situated clients pleading with ISDH to Answer the C.A.L.L.

Sincerely,

Shawn F. Sullivan, IN Bar No. 21472-71

S. F. SULLIVAN, ATTORNEY AT LAW, LTD

The Honorable Curtis T. Hill, Jr. c. Indiana State Attorney General 302 W. Washington St, 5th Floor Indiana Government Center South Indianapolis, IN 46202

Fax: (317) 232-7979

The Honorable Eric J. Holcomb Office of the Governor 200 W. Washington St. State House Room 206 Indianapolis, IN 46204-2797 Fax: (317) 233-3378

EXHIBIT LIST

Exhibit 1:	M Witness Statement
Exhibit 2:	"Answer the C.A.L.L." campaign (2/17/15) and press release
Exhibit 3:	TLC Advocates' complaints upheld by ISDH
Exhibit 4:	Letters to and from state regarding lack of prosecution of Women's Pavilion
Exhibit 5:	Handbills and press release protesting ISDH handling of Women's Pavilion
Exhibit 6:	10/27/17 "Whole Woman's Health Exposed" by Abby Johnson
Exhibit 7:	Article in WASHINGTON FREE BEACON re: violations at TX clinics Exhibit 7.1: Violation reports for WWHA clinic in San Antonio, TX Exhibit 7.2: Violation reports for WWHA clinic in Macallum, TX
Exhibit 8:	Article re: fines against WWHA clinics in TX
Exhibit 9:	Article in Daily Caller re: violations of WWHA clinics
Exhibit 10:	Article in LifeNews re: botched abortions at WWHA in Austin
Exhibit 11:	Chart showing IL and MD violations at WWHA
Exhibit 12:	Application and identification of the "Administrator"
Exhibit 13:	WSBT coverage of doctors protesting proposed WWHA clinic in South Bend
Exhibit 14:	SB Tribune reporting on WWHA's plans to open abortion clinic in South Bend
Exhibit 15:	SB Tribune reporting on medical communities' complaints regarding WWHA
Exhibit 16:	WNDU coverage of WWHA's intentions to do clinic in South Bend

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1.	Mandy	•
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EXHIBIT 1Legal Opinion to ISDH

- 1. On November 28, 2014, I went to the Women's Pavilion for my counseling appointment.
- 2. I was there for counseling regarding an abortion, but on my way into the Women's Pavilion, I talked to a woman on the sidewalk by the name of Ellen Master. She presented alternatives to abortion, such as adoption, and offered me financial, legal, and medical assistance to eliminate the pressure on me to have an abortion.
- 3. I went inside to my counseling appointment, considering what Mrs. Master had told me. But during the counseling visit the abortionist asked me to sign-off on some paperwork and gave me a pill.
- 4. Upon my exit from the Women's Pavilion, I talked again to Mrs. Master, and, although I wanted to consider these options, I informed Mrs. Master that it was too late because the abortionist had already given me the abortion pill that I took in his office.
- 5. This all occurred over a two hour period during my first visit to the abortionist on November 28, 2014.

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12/1/15 Date

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Natural Family Planning • Theology of the Body Training • Natural Family Flanning

• A Haven for Healing • Health-First • Life Support • Facts-First • Silent No More •

Health-First • TLC Advocates

• Facts-First • Life Support •

Natural Family Planning

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A Haven For Healing • Health-First

• Holy Family Adoption Agency •

40 Days For Life, South Bend

• Holy Family Adoption Agency • Health-First • Silent No More • TLC Advocates •

TLC Advocates • Health-First • Natural Family Planning • Facts-First • Life Support

Answer the C.A.L.L. Campaign

Citizens Against Licensing Lawlessness

For Immediate Release

Contact:

Shawn Sullivan, Esq.

SullyatLaw@sbcglobal.net

Cell: (574) 286-7860 Fax: (574) 233-7862

State Health Department, Citizen Group Call for Closure of South Bend Abortion Clinic

Summary of Release: Concerned citizens and representatives of the non-profit entities located at the Life Center in South Bend, which is next to the abortion clinic, are initiating a campaign "Answer the C.A.L.L. (Citizens Against Licensing Lawlessness)." According to the spokesperson for Answer the C.A.L.L., Shawn Sullivan, Esq., the campaign is in response to the continued lawlessness of Dr. Ulrich "George" Klopfer. In just the past few months, the entities at the Life Center have reported violations to the Indiana State Department of Health (ISDH), and the ISDH just recently filed a complaint against the abortion clinic seeking a revocation of its license. The ISDH's complaint is based on a multitude of violations that turned up from ISDH's survey of the abortion clinic in late October 2014. Dr. Laura McGuire, M.D., after reviewing the complaint, stated that the abortionist's "practices can cause injury or even death." Adding these violations to the past five years' worth of violations, the two recent criminal prosecutions brought against Dr. Klopfer and the abortion clinic, as well as the voluminous complaints to the Indiana Attorney General's office, the Answer the C.A.L.L. campaign is demanding that pubic officials close the abortion clinic before something tragic occurs. Sullivan says: "Because no one concerned about the well-being of the patients and their loved ones should ignore the evidence any longer, we are specifically calling upon our public officials to immediately act to protect the public and not wait until South Bend has a disaster on its hands."

SOUTH BEND, Indiana, February 18, 2015: Representatives from several local non-profit organizations revealed today that the Indiana State Department of Health (ISDH) has asked an Administrative Law Judge to revoke the license of the South Bend abortion clinic known as the Women's Pavilion. The clinic is operated by Dr. Ulrich "George" Klopfer, The non-profits, located at The Life Center, 2018 Ironwood Circle in South Bend – adjacent to the abortion clinic – monitor the operations of the clinic and have filed complaints with the ISDH. Along with other concerned citizens, representatives from the non-profits have formed an action group called "Answer the C.A.L.L. (Citizens Against Licensing Lawlessness)." As evidence of this lawlessness, the Answer the C.A.L.L. cite the recent non-profits' complaints against the Women's Pavilion, the two recent criminal actions -- one in Lake County and the other in St. Joseph County, thousands of complaints filed with the Attorney General's office, the pending review of Dr. Klopfer's Medical License (rescheduled for March 26, 2015), and the recent survey of the ISDH showing numerous serious violations of the state's medical rules for surgical abortion clinics.

The recent complaint by the ISDH is made up of the violations found in late October 2014, when the ISDH completed an on-site survey of the facilities. The multitude of violations all relate to patient care and safety. As Dr. Laura McGuire, M.D., a local physician, stated: "The

violations set forth here are not just a matter of improper paperwork; these kinds of practices can cause injury or even death. Identical violations year after year signal a lack of genuine corrective action, and ultimately, a lack of desire to adhere to acceptable

[T]hese kinds of practices can cause injury or even death.

Dr. Laura McGuire, M.D.

medical standards. The violations are inexcusable, and the failure to promptly remedy them is appalling." A glance at the 48 pages of violations reveals some unsettling information putting the patients at great risk:

- 1. Failure to have qualified staff overseeing the sedation (conscious sedation) of patients and failing to have qualified staff monitoring the patients in recovery;
- 2. Failure to have laboratory services, such as blood work and pregnancy testing, performed at a certified facility;
- 3. Using expired medications (from 2012) and explaining that the common medicines are on "backorder" although unable to substantiate such a claim with any documentation;
- 4. Failure to have an infection control plan;
- 5. Failure of personnel to have basic CPR training certification;
- 6. Failure to have immunization documentation regarding the staff that deals with the patients;
- 7. Failure to have an emergency plan in the event of loss of power;
- 8. Failure to have an evacuation plan in the event of an emergency with Dr. Klopfer stating that it "is all up here" (pointing to his head);
- 9. Failure to comply with numerous certification, training, and licensing of staff, including an RN without her medical license, and failing to complete annual competency assessments for professional staff;

10. Failure to develop written policies governing surgical abortion services that are designed to assure "appropriate standards of medical and patient care;"

Dr. Klopfer has refused to develop and submit a "plan of correction" for the above-listed deficiencies, despite being repeatedly asked to do so. In fact, according to Shawn Sullivan, attorney and spokesperson for Answer the C.A.L.L., a number of the violations cited in the 2014 survey were also found in the surveys done in 2010 and 2012. "This," says Sullivan, "is what gave rise to our awareness and action campaign. The mounting evidence of Dr. Klopfer's lawlessness would cause any reasonable person to demand the closure of such an operation before there is a disaster. This situation is a time bomb. We don't need to wait until we have a catastrophe like that in the Kermit Gosnell case or the Brian Finkel case. We should not continue to ignore all of the signs as to where this situation is headed." Sullivan surmised that when you consider that Dr. Klopfer had some of these same violations in 2010 and 2012, which he never corrected, and he continues to receive more citations from ISDH, and the non-profit entities monitoring Dr. Klopfer's operations are seeing an increased disregard for the law, "it is clear that he is going to operate in this lawless fashion until he is stopped or there is horrific climax to the situation. In no other situation would we place the women of our community at such great risk and tolerate so many health and safety violations. Any restaurant with this many health violations would have been shut down many years ago."

Sullivan noted that in addition to the "Answer the C.A.L.L." campaign that the non-profits at the Life Center would continue to monitor Dr. Klopfer's activities. He added that the "Answer the C.A.L.L." campaign is designed to draw attention to the issue and "call upon on our public officials and the citizens of the community to ensure that this lawless activity ceases immediately and that all licenses are revoked before it is too late."

Bio for Shawn Sullivan: Mr. Sullivan is an attorney in South Bend and the founder and Director of the Life Center at 2018 Ironwood Circle, South Bend, IN 46615. He is a 1993 *Cum Laude* graduate of Harvard Law School, and a 1989 *Summa Cum Laude* graduate of the University of Dayton.



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner EXHIBIT 3
Legal Opinion to ISDH

June 26, 2015

REGARDING THE APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC:

Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

NOTICE OF DENIAL OF LICENSE

To:

Dr. Ulrich Klopfer, DO Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

The Director of the Division of Acute Care, Indiana State Department of Health (hereinafter referred to as "Director"), upon review and recommendation of the Abortion Clinic Licensing Program ("Program"), hereby issues this Notice of Denial of License ("Notice").

TLC Advocates At the time of this Notice, the applicant's current licensure is pending revocation following a complaint survey conducted on June 03, 2015. During the complaint survey deficiencies demonstrating non-compliance were cited. The program believes these deficiencies provide further evidence of the clinic's inability to comply with and follow existing state law and that such behavior is an intentional and willful act.

Based on the clinic's survey history of non-compliance, ongoing non-compliance, untimely and unacceptable plans of correction and pending license revocation, the application for licensure for the above-referenced abortion clinic (seeking licensure following the expiration of the current license on June 30, 2015) has been denied.

If you wish to seek administrative review of this action pursuant to Indiana Code § 4-21.5-3-5, you must file a petition for review within eighteen (18) days after the date of this Notice.

A petition for review must be in writing and must include facts demonstrating that:

The petitioner is a person to whom the order is specifically directed;

The petitioner is aggrieved or adversely affected by the order; or

The petitioner is entitled to review under any law.

If the petition for review is not filed timely, this action becomes a FINAL ORDER.



Any petition for review should be submitted in writing to:

Court Administrator
Office of Legal Affairs, #3H
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204-3006

Upon receipt of a timely filed petition for review, an administrative proceeding will be conducted by an Administrative Law Judge appointed by the Indiana State Department of Health.

This action does not prohibit the applicant from re-applying for licensure in the future.

Respectfully,

Terry L. Whitson

Assistant Commissioner

Health Care Quality and Regulatory Commission



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Heelth Commissioner

June 26, 2015

4A-07 Alyson Cox 16620 Holly Oak Dr Westfield, IN 46074

RE: Complaint Allegation #: IN00170828

Dear Alyson Cox:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state regulations.

Sincerely,

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

June 29, 2015

4A-07 Jennifer Borek South Bend, IN By Email

RE: Complaint Allegation #: IN00165426

Dear Jennifer Borek:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number Identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state and/or federal regulations.

Sincerely,

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487

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Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 06/29/2015 FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH OFFICIENCY MUST BE PRECEOED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULOBE TAG REGULATORY OR LSC IOENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG OEFICIENCY) T 022 Continued From page 1 T 022 29 and 30). Findings; 1. On 6/3/15 at 4:45 PM, the medical director and clinic physician #50 was requested to provide a copy of a policy/procedure for medical abortion services provided at the clinic and none was provided prior to exit. 2. Review of the following medical records indicated: a. Patient 21 received medical abortion services on 05/01/15. b. Patient 22 received medical abortion services on 04/29/15. c. Patient 23 received medical abortion services on 05/13/15. d. Patient 24 received medical abortion services on 05/29/15. e. Patient 25 received medical abortion services on 05/26/15. f. Patient 26 received medical abortion services on 04/21/15. g. Patient 27 received medical abortion services on 05/01/15. h. Patient 28 received medical abortion services on 05/15/15. i. Patient 29 received medical abortion services on 05/27/15. j. Patient 30 rocelved medical abortion services on 05/27/15. During an interview on 6/3/15 at 4:45 PM, the

medical director and clinic physician #50 confirmed that no policy/procedure regarding medical abortion services was available.

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Indiana State Department of Health

Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 011127 B. WING 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) T 024 Continued From page 3 T 024 Voluntary and informed consent required; viewing of fetal ultrasound and hearing auscultation of fetal heart tone Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met: (1) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following: (A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis. (B) That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) and is available on an appropriate and timely basis when clinically necessary. (C) The nature of the proposed procedure or information concerning the abortion inducing drug. (D) Objective scientific information of the risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

Indiana State Department of Health

(i) the risk of infection and hemorrhage;

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	(ii) the po	tential danger to a subsequent				
	pregnancy; and					
		otential danger of infertility.				
	(E) That hur	nan physical life begins when		•		
	a human ovum is fe	rtilized by a human sperm.				
	(F) The prot	pable gestational age of the				
	fetus at the time the	abortion is to be performed,				
	including:					
		re of a fetus;				
		nensions of a fetus; and				
		nt information on the potential				
	survival of an unbor					
		of development.				
		ective scientific information	l			
		can feel pain at or before of postfertllization age.				
	(H) The med	dical risks associated with				
	carrying the fetus to	term.				
		ability of fetal ultrasound				
		tation of fetal heart tone				
		he pregnant woman to view				
	the image and hear	the heartbeat of the fetus and				
	how to obtain acces					
	(J) That the	pregnancy of a child less than				
	fifteen (15) years of	age may constitute child				
		a law if the act included an				
		eported to the department of				
		local law enforcement				
	agency under IC 31	-33-5.				
		hteen (18) hours before the				
	orally and in writing	ant woman will be informed				
		dical assistance benefits may				
	he available for pre	natal care, childbirth, and				
		the county office of the				
	division of family res				ļ	
		father of the unborn fetus is				
	legally required to a	ssist in the support of the				
	child. In the case of	rape, the information required				
	under this clause m					

Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILOING: 011127 B. WING 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG OEFICIENCY) T 024 Continued From page 5 T 024 (C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatat care, childbirth, and neonatal care. (D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after. (E) That Indiana has enacted the safe haven law under IC 31-34-2.5. (F) The: (I) Internet web site address of the state department of health's web site; and (ii) description of the Information that will be provided on the web site and that are: described in section 1.5 of this chapter. (3) The pregnant woman certifies in writing. on a form developed by the state department. before the abortion is performed, that: (A) the information required by subdivisions (1) and (2) has been provided to the pregnant woman; (B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone Is audible and that the woman has: (i) viewed or refused to view the offered fetal ultrasound imaging; and (li) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible: and (C) the pregnant woman has been given a written copy of the printed materials described in section 1.5 of this chapter. (4) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in 10 25-27.5-2-10), an

Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING _ 06/03/2015 011127 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 024 T 024 | Continued From page 6 advanced practice nurse (as defined in IC 25-23-1-1(b)), or a midwife (as defined in IC 34-18-2-19) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has provided the pregnant woman with a color copy of the informed consent brochure described in section 1.5 of this chapter by printing the informed consent brochure from the state department's Internet web site and including the following information on the back cover of the brochure: (A) The name of the physician performing the abortion and the physician's medical license number. (B) An emergency telephone number where the physician or the physician's designee may be contacted twenty-four (24) hours a day, seven (7) days a week. (C) A statement that follow-up care by the physician or the physician's designee who is licensed under IC 25-22.5 is available on an appropriate and timely basis when clinically necessary. (b) Before an abortion is performed, the provider shall perform, and the pregnant woman shall view, the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible unless the pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that the pregnant woman: (1) does not want to view the fetal ultrasound imaging, and (2) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible. 2. On 6/3/15 at 4:45 PM, the medical director and clinic physician #50 was requested to provide

FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. (X5) COMPLETE (EACH OFFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) T 024 Continued From page 7 T 024 a copy of a policy/procedure for medical abortion services provided at the clinic and none was provided prior to exit. 3. Review of the following medical records (MR) indicated: a. Patient 21 received medical abortion services on 05/01/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. b. Patient 22 received medical abortion services on 04/29/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. c. Patient 23 received medical abortion services on 05/13/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. d. Patient 24 received medical abortion services on 05/29/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. e. Patient 25 received medical abortlon services on 05/26/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. f. Patient 26 received medical abortion services on 04/21/15 and tacked documentation demonstrating that the requirements of IC 15-34-2-1.1 word completed at least 13 hours. before the abortion.

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g. Patient 27 received medical abortion services on 05/01/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours

Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 06/03/2015 011127 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF REFICIENCIES (X5) COMPLETE (X4) III (EACH DEFICIENCY MUST BE PRECEDEO BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 024 Continued From page 8 before the abortion. h. Patient 28 received medical abortion services on 05/15/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. i. Patient 29 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. j. Patient 30 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. 4. At 3:55 PM, 4:05 PM and 4:45 PM, during the interview with the facility physician, #50, physician #50 reported: a. The facility has no log of patients with appointment dates, for either the first visit where lab work and consultation/counseling is done, or for their surgical procedures. b. There is a log book kept for documenting surgical patient procedures on the day of surgery, but no log is kept for medical abortion patients. c. The process for medical abortions includes: At the first appointment, an ultrasound is performed and labs (i.e. pregnancy test, Rh testing, hemoglobin and hematocrit) are done. Also, the "state information" and counseling are done and the patient signs their "releases". Then, the Mifiprex (RU486) is given to the patient and 4 tablets of Misoprostol are sent home with the patient to use vaginally at their convenience at about 48 hours later. d. There is no written policy/procedure related to the medical abortion process at the facility.

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	a patient register ind	#50 was requested to provide icating all patients obtaining vices at the clinic and none pexit.			I	
	medical director and confirmed the clinic opatients with appoint first visit where lab w consultation/counseli	does not maintain a log of ment dates, for either the				
	appointments. Physi	cian #50 confirmed that a	ļ			

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Indiana State Department of Health STATE FORM

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SHAWN F. SULLIVAN ATTORNEY AT LAW, LTD

1717 East Wayne Street South Bend, Indiana 46615 Admitted in Indiana, Illinois, and North Carolina Direct Line: (574) 233-7860

EXHIBIT 4.a

Legal Opinion to ISDH

URGENT Via Email and Priority Mail

Greg Zoeller Indiana State Attorney General Indiana Government Center South 302 W. Washington St, 5th Floor Indianapolis, 1N 46204 March 3, 2016

Re: Disposition of the 17 Pending TLC Advocate Complaints, dating back to December of 2014, Reporting 54 potential Criminal Violations;

- New evidence witness statements by the mothers mistreated by Dr. Klopfer and or denied informed consent, starting with the first informed consent complaint filed with the Attorney General in 2014;
- The audio and testimonial evidence showing Dr. Klopfer's intent to operate a criminal euterprise (the same evidence that led to 6/3/15 ISDH survey and finding of 10 (out of 10) counts of informed consent violations, 1.C. § 16-34-2-1.1, which are now incorporated in the AG's complaint in *In re* License of George G. Ulrich Klopfer, D.O., License No. 02000628A, Medical Licencing Board, Cause No. 2014 MLB 0044; and
- + Previously supplied witness statements by third party witnesses testifying to Dr. Klopfer's un-professional conduct in the community.

Dear Mr. Zoeller,

We write requesting a meeting with your office, to occur in the near future, to discuss the mounting criminal activity associated with Dr. Klopfer's operation of the Women's Pavilion. We hope to immediately meet concerning the pending unresolved 17 complaints filed with your office by the TLC Advocates (dating back to December 2014), new evidence related to them (an example witness statement attached), as well as the audio and testimonial evidence of Dr. Klopfer's clinic being set up to perpetually violate the informed consent law (1.C.§ 16-34-2-1.l(a)(l)) by Dr. Klopfer, and the witness statement pertaining to Dr. Klopfer's unprofessional conduct in the community. I am eager to advise my anxious clients that our Attorney General is as serious about these violations of the Criminal Code as we are and that we have scheduled a meeting to discuss them. We have pleaded with them to be patient with the Attorney General's office, and have distinguished your office with Indiana State Department of Health ("ISDH"), but they are on edge given the speed at which the wheels of justice are turning in regards to Dr. Klopfer.

Our clients are an ever expanding group. We represent the The Life Center, TLC Advocates, the 860 petitioners who signed the Answer the C.A.L.L. (Citizens Against Licensing the Lawless) Campaign, and the new class of clients consisting of the mothers who were denied the informed consent prior to receiving an abortion. These mothers desired the 18 hours to consider the information required by the state, but they did not receive the information, and they were not accorded 18 hours to consider the information. As an example of this growing constituency, we are attaching the witness statement of the mother associated with the first complaint filed with your office. We hope to open up this confidential litigation file to the AG's

I will not try to provide an exhaustive list of the issues that could potentially be discussed at the meeting we are requesting. It is sufficient to say that my clients are concerned by the recent actions of the ISDH, which refused to investigate 15 of their 17 complaints (the same complaints we submitted to the AG's office) thereby limiting their prosecution of 18-hour rule violations to 10 infractions in May of 2015, and ignoring the 51 violations documented by the TLC advocates in November and December of 2015 and from June to November 2015. My clients are particularly disturbed by ISDH's ignoring of complaints of 18-hour infractions committed immediately following the settlement agreement, i.e., on November 3, 4 and 6, 2015.

The meeting we are requesting will be invaluable to the AG. Obviously our lawyers and our clients can provide information as well as testimonial and documentary information if you would find it useful at your trial in the M.L.B. proceeding, In re Klopfer. Equally important, our clients have leads and information that is pertinent to your adverse or cross examination. And of course the meeting we are requesting is necessary for resolving the 17 pending complaints of criminal violations by Dr. Klopfer:

- Ellen Master, AG File 14-CP-63223 (12/2/14) (reported 2 separate and distinct informed consent violations and for one of them there is new evidence, a witness statement);
- Dr. Jennifer Borek, AG File 15-CP-**** (2/9/15) (reported testimony of Dr. Klopfer's intentional practice of violating informed consent laws with all medical abortions);
- Alyson Cox, AG File 15-CP-53691 (4/1/15) (obtained audio evidence of Dr. Klopfer's intentional practice of violating informed consent laws with all medical abortions);
- Pamela Washburn, AG File 15-CP-**** (7/3/15) (reported 1 distinct informed consent violation);
- Mary Ball, AG File 15-CP-*** (7/6/15) (reported 1 distinct informed consent violation);
- Amber Dolby, AG File 15-CP-**** (7/28/15) (reported 2 distinct informed consent violations):
- Ellen Master, AG File 15-CP-58727 (8/26/15) (reported 9 distinct informed consent violations):
- Shawn Master, AG File 15-CP-*** (8/26/15) (reported 10 distinct informed consent violations):
- Pamela Washburn, AG File 15-CP-52011 (11/20/15) (reported 1 abortion without a license);
- Dr. Jennifer Borek, AG File 15-CP-58184 (11/24/15) (reported 4 distinct informed consent violations):
- Nick Keszei, AG File 15-CP-**** (11/24/15) (reported 3 distinct informed consent violations):
- Zach Spaulding, AG File 15-CP-61488 (11/24/15) (reported 3 distinct informed consent violations);
- Jenna Kovatch, AG File 15-CP-****(11/27/15) (reported 5 distinct informed consent violations):
- Dr. Jennifer Borek, AG File 15-CP-****(11/27/15) (reported 6 distinct informed consent violations occurring after appeal of license revocation dismissed);
- Jenna Dyer, AG File 15-CP-**** (11/27/15) (reported the same 6 informed consent violations occurring after appeal of license revocation dismissed);
- Pamela Washburn, AG File 16-CP-51978 (2/10/16) (reported activity, possibly an abortion, without a license).

In closing, if there is any type of stipulation or confidentiality agreement that would facilitate the meeting requested herein, we would gladly oblige. Thank you in advance for your consideration to this request and do not hesitate to call me to discuss this matter.

Sincerely,

Shawn F. Sullivan, IN Bar No. 21472-71

Attorney for TLC Advocates, The Life Center, and those similarly situated

S. F. SULLIVAN, ATTORNEY AT LAW, LTD.,

Ex. 1: Mandy Witness Statement

c; Mike Pence Office of the Governor State House Room 206 Indianapolis, IN 46204-2797

> Darren Covington/Kirk E. Masten Director, Medical Licensing Board Indiana Government Center 402 W. Washington St., Room W072 Indianapolis, IN 46204

Lindsey Craig Family Policy Director Governor's Office, Room 206 Indianapolis, IN 46204-2797

SHAWN F. SULLIVAN ACTORNEY AT LAW, LTD

1717 EAST WAYNE STREET
SOUTH BEND, IN 46615
(574) 233-7860 • FAX (574) 233-7862
Admitted in Indiana, Illinois, and North Carolina

Via email <rsnyderl@isdh.in.gov>

January 29, 2016

Randall Snyder, Director of Acute Care Division Indiana State Department of Health (ISDH) 2 North Meridian Street, 4A Indianapolis, IN 46204

Re:

Application for Abortion Clinic License by Women's Pavilion and/or MGK Inc. (Dr. Ulrich "George" Klopfer), 2010 Ironwood Circle, South Bend, IN 46635

Dear Mr. Snyder,

I write on behalf of the TLC Advocates (who have submitted complaints containing 51 informed consent violations), the members and supporters of The Life Center, and the over 900 concerned citizens who have signed the "Answer the C.A.L.L. (Citizens Against Licensing the Lawless)" petition, all of whom are deeply concerned about Dr. Klopfer's abortion clinic re-licensure application, which could be filed as early as February 2, 2016. The lack of administrative enforcement here, with only an 88-day stay of operations, when the clinic admitted 10 informed consent violations (during your June 3, 2015 Survey), as well as indisputable evidence that Dr. Kloper systemically violated the informed consent law, is extremely troubling. But more troubling is the refusal of the ISDH to process our complaints filed after the June 3, 2015 Survey because – according to ISDH – they were "repetitive." This excuse for inaction was matched by the startling claim by the ISDH that they do not have jurisdiction to prosecute the TLC Advocates' reporting of 11 illegal abortions (with each one of the illegal abortions being conducted without informed consent) between November 3 and November 6, 2015.

The harm to women is mounting. The attached statement, as an example, is from the very first informed consent violation reported to the ISDH. While I will only release details regarding these statements over the phone, due to privilege concerns, please know that we continue to gather this type of evidence to demonstrate the damage caused by ISDH's lackadaisical enforcement policies. Sadly, although the laws are set up to protect women from this type of damage, the laws are not being enforced. In this case, despite Dr. Klopfer's intentional and systemic violation of the criminal laws, and despite the complaints of TLC Advocates that have documented 51 illegal abortions along with testimonial evidence and an audio-recording the Women's Pavilion's commitment to intentionally denying informed consent, ISDH ignores the magnitude of the situation to the detriment of Dr. Klopfer's patients. Moreover, in the opinion of our clients, and the legal opinion of our outside counsel, the 11 illegal abortions that we reported as occurring after Dr.

¹ Dr. Klopfer signed the settlement documents on November 2, 2015, and the ISDH immediately began giving him credit for his 90-day suspension from operations even though he was still operating. This is just one more anomaly in a history of lackadaisical enforcement of the law in regards to the Women's Pavilion and Dr. Klopfer.

Klopfer had settled with ISDH, but during the extra days of operation that ISDH granted to Women's Pavilion (November 4th through 6th, 2015), are the most poignant violations that should have been investigated by ISDH because those are felonies and represent the doctor's unrepentant, incorrigible, criminal mindset, which should preclude any doctor's ability to apply for a clinic license.²

In the case of Dr. Klopfer and Women's Pavilion, however, there are many more reasons that would prompt the reasonable regulatory official to bar Dr. Klopfer from ever obtaining an abortion clinic license again. For starters, his rap sheet of violations with ISDH and prosecutors should have been the basis for extensive fines, especially with his admissions of systemically violating what is a criminal law. How else does the ISDH plan to deter him and deter other abortionists from setting up business plans that systemically violate the law? When the facts of this case become known to all of the populace, this will be a very embarrassing moment for Indiana. And add to that the growing body of injured parties because the ISDH chooses to license the lawless.

I could go on about the awkward nature of the current situation where the ISDH is essentially protecting the abortionist, but already, according to your lead attorney in this matter, Matthew Foster, you consider me to have disdain for the ISDH. I do not harbor disdain for the ISDH. Such a defensive remark to explain my zealous advocacy is churlish and turns the entire matter on its head. It is I, on behalf of thousands of others, that seek to represent the purpose and rules of ISDH. Far from disdaining the ISDH, I think the ISDH and its Acute Care Division are essential to protecting the public from lawless abortionists. I think the ISDH holds the premiere responsibility in protecting mothers and enforcing the laws on the books. Unfortunately, though, the current administration of the ISDH are hell-bent on undermining ISDH's own rules. It is the current administration of ISDH and its legal staff that are hell-bent on making a mockery of the abortion laws by refusing to investigate credible complaints and by fostering positions that are more damaging than incompetent. I am seeking, and my clients are pleading – and have been pleading since they launched the Answer the C.A.L.L. campaign last February – that the ISDH simply cease the shenanigans that allow this repeat offender to continue to plague Indiana women and the rule of law.

Please remedy this situation immediately before we have a disaster on our hands in Indiana.

Sincerely

Shawn F. Sullivan

By November 2, 2015, when Dr. Klopfer executed the settlement documents, he was already facing Medical Licensing Board allegations that he violated the informed consent law, he had already admitted the 10 informed consent violations found by the ISDH, and he was facing revocation of his license for informed consent violations. That he would immediately violate the informed consent laws that last week of operation, in full view of the TOLC Advocates, while the ink was still drying on the settlement document, in full view of the TLC Advocates, demonstrates that he believes he is beyond authentic prosecution by the ISDH. That ISDH would not investigate these, even when knowing that Dr. Klopfer admitted during the June 3, 2015 survey that violating the informed consent law was his *modus operandi*, proves that ISDH is only feigning regulation of Women's Pavilion and Dr. Klopfer.

I, Mandy	;
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- 1. On November 28, 2014, I went to the Women's Pavilion for my counseling appointment.
- 2. I was there for counseling regarding an abortion, but on my way into the Women's Pavilion, I talked to a woman on the sidewalk by the name of Ellen Master. She presented alternatives to abortion, such as adoption, and offered me financial, legal, and medical assistance to eliminate the pressure on me to have an abortion.
- 3. I went inside to my counseling appointment, considering what Mrs. Master had told me. But during the counseling visit the abortionist asked me to sign-off on some paperwork and gave me a pill.
- 4. Upon my exit from the Women's Pavilion, I talked again to Mrs. Master, and, although I wanted to consider these options, I informed Mrs. Master that it was too late because the abortionist had already given me the abortion pill that I took in his office.
- 5. This all occurred over a two hour period during my first visit to the abortionist on November 28, 2014.

Mandy Mandy

12/1/15 Date



Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stale Health Commissioner **EXHIBIT 4.c** Legal Opinion to ISDH

July 20, 2015

Mr. Shawn Sullivan 1717 East Wayne Street South Bend, Indiana 46615

Dear Mr. Sullivan:

The ISDH is in receipt of your letter received on July 17, 2015. Your letter, on behalf of your clients, TLC Advocates, voiced concerns over the ISDH's handling of the regulation of abortion clinics in this state. Specifically, you are dissatisfied over the closure of the TLC Advocate Complaints of Pam Washburn and Mary Ball. As you stated, these complaints relate to violations of Ind. Code § 16-34-2-1.1 concerning timing of the informed consent.

Ms. Pam Washburn and Mary Ball's complaint concerned the same violation identified and investigated by the ISDH on June 3, 2015 with its complaint survey of Women's Pavilion. The division has acted upon the results of the substantiated complaint and an action is pending before an Administrative Law Judge for the ISDH. An additional survey of the same complaint/allegation will not be conducted by the ISDH.

Thank you for your patience as the administrative process runs its course through the required channels.

Respectfully,

Randall Snyder, PT, MBA Division Director, Acute Care





Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner **EXHIBIT 4.d**Legal Opinion to ISDH

November 30, 2015

Via Regular Mail & Email (tomborekmci@gmail.com)

Mr. Tom Borek, Legal Assistant Shawn F. Sullivan, Attorney at Law, LTD 1717 East Wayne Street South Bend, IN 46615

Re: Complaints Regarding Women's Pavilion

Dear Mr. Borek:

The Indiana State Department of Health ("ISDH") has received your emails of November 23, 2015 and November 30, 2015, which delivered complaints made by several persons about activity at Women's Pavilion in South Bend. Specifically, we received complaints from Nick Keszei, Jennifer Borek, Ellen Master, and Zachary Spaulding on November 23, and from Pamela Washburn, Jennifer Borek, Jenna Kovateh, and Kristine Hunsley on November 30.

ISDH does not presently regulate Women's Pavilion, which is no longer licensed as an abortion elinic. As a courtesy, however, we have forwarded the complaints to the Office of the Indiana Attorney General, which will respond as it deems appropriate. Thank you,

Very truly yours,

Matthew Foster, Litigation Chief ISDH Office of Legal Affairs

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An Embarrassing Moment for Hoosiers . .

PROTECTING AN ABORTION DOCTOR WHO REPEATEDLY AND OTHER ENFORCEMENT MENT OF HEALTH ("ISDH") INDIANA STATE DEPART-VIOLATES THE LAW AND BODIES IN INDIANA ARE **DEMAND** that ISDH and other Indiana agencies and law enforcement ABIDE by the LAW and AND INTENTIONALLY **FNDANGERS WOMEN** PROTECT WOMEN!!

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INDIANA STATE DEPART-

Challenge Indiana Law Enforcement to PROTECT HOOSIERS:

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requiring him to provide mothers with informed consent. Klopfer, even though Dr. Klopfer admitted to operating ISDH failed to fine the out-of-state abortionist, Dr. his abortion clinic in violation of the criminal laws ႕

requiring him to provide mothers with informed consent.

ISDH dismissed the informed consent violations and all. other violations against Dr. Klopfer without permanent

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revocation of his clinic license. In fact, Dr. Klopfer still has his medical license and can obtain a clinic license.

Klopfer, even though Dr. Klopfer admitted to operating

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- other violations against Dr. Klopfer without permanent revocation of his clinic license. In fact, Dr. Klopfer still has his medical license and can obtain a clinic license.
- ISDH has ignored and still refuses to investigate over 48 complaints show more informed consent violations by complaints filed by The Life Center ("TLC"). These Dr. Klopfer and other illegal abortions. mi

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PROTECTING AN ABORTION DOCTOR WHO REPEATEDLY AND OTHER ENFORCEMENT MENT OF HEALTH ("ISDH") INDIANA STATE DEPART-**BODIES IN INDIANA ARE** VIOLATES THE LAW AND **DEMAND that ISDH and** other Indiana agencies and law enforcement ABIDE by the LAW and AND INTENTIONALLY **ENDANGERS WOMEN** PROTECT WOMEN!!

Challenge Indiana Law Enforcement to PROTECT HOOSIERS:

- requiring him to provide mothers with informed consent. Klopfer, even though Dr. Klopfer admitted to operating ISDH failed to fine the out-of-state abortionist, Dr. his abortion clinic in violation of the criminal laws
- Legal Opinion to ISDH ISDH dismissed the informed consent violations has his medical license and can obtain a clinic li other violations against Dr. Klopfer without pen revocation of his clinic license. In fact, Dr. Klopi
 - ISDH has ignored and still refuses to investigate complaints filed by The Life Center ("TLC"). The complaints show more informed consent violati Dr. Klopfer and other illegal abortions.

EXHIBIT 5.a

An Embarrassing Moment for Hoosiers . .

ISDH dismissed the informed consent violations and all

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shelter from domestic violence. In just three years, 102 mothers hearing this offer by TLC have decided not to go through with their scheduled abortion. That is why Dr. Klopfer and other pro-abortion forces are willing to do anything, including violating the informed consent law, to prevent mothers from considering these and other options. We know mothers want to hear what TLC has to say before going through with an abortion because they have said so. And regretfully, those mothers who were denied informed consent by Dr. ner and her family. In order to enable amother instead of feeling forced to have an abortion --TLC sidewalk counselors offer adoption as protection from those forcing abortion, and Klopfer's abortion clinic, does not only serve to serves as the reason why a mother's informed consent, as required by Indiana law, is so vital to enabling a mother to make the best choice for co make an informed choice about abortion well as medical, financial, and legal support, report on Dr. Klopfer's violations. TLC actually Klopfer are lamenting their uninformed choice. The Life Center ("TLC"), located adjacent to Dr.

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in service of HUMAN LIFE

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have told us so. And regretfully, those mothers have decided not to go through with their scheduled abortion. That is why Dr. Klopfer and other pro-abortion forces are willing to do considering these and other options. We know mothers want to hear what TLC has to say before going through with an abortion because they who were denied informed consent by Dr. consent, as required by Indiana law, is so vital to enabling a mother to make the best choice for ner and her family. In order to enable amother to make an informed choice about abortion – instead of feeling forced to have an abortion --TLC sidewalk counselors offer adoption as protection from those forcing abortion, and shelter from domestic violence. In just three years, 102 mothers hearing this offer by TLC anything, including violating the informed consent law, to prevent mothers from Klopfer's abortion clinic, does not only serve to report on Dr. Klopfer's violations. TLC actually serves as the reason why a mother's informed well as medical, financial, and legal support, Klopfer are lamenting their uninformed choice. The Life Center ("TLC"), located adjacent to Dr.

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in service of HUMAN LIFE

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An embarrassing moment for Hoosiers: A year ago, TLC Legal, on behalf of the above clients, launched the "Answer the C.A.L.L. campaign" to urge the Indiana government — the Governor, the Attorney General, the Medical License Board, county prosecutors, and the Indiana State Department of Health (ISDH) — to finally hold Dr. Klopfer responsible for decades of operating an illegal abortion clinic in Northern Indiana. Sadly, such a petition was necessitated because the agencies of Indiana essentially encourage Dr. Klopfer to violate the law over and over again.

In the past two years alone, Dr. Klopfer has had two criminal cases brought against him and has been cited with numerous health code violations -- from un-monitored post-operation recovery to expired medications to illegal sedation of patients by unlicensed "nurses." After audio evidence was handed to ISDH and Attorney General, Dr. Klopfer was forced to admit that he was intentionally violating the informed consent law when providing abortions, a criminal offense in Indiana. The ISDH charged him with the 10 informed consent violations that Dr. Klopfer admitted, but recently settled that case with him, without a fine, and said he was free to re-apply to re-open his abortion clinic. The ISDH also dismissed another case against Dr. Klopfer without a fine or any other sanction. Meanwhile, the Medical License Board sits idle, and allows Dr. Klopfer to continue practicing while Dr. Klopfer's rap sheet expands. Accordingly, because Dr. Klopfer violates the criminal code in order to deny women the ability to make an informed choice, and because he endangers women's health by failing to adhere to minimum standards of patient care, every person interested in the Rule of Law should sign this petition.

Name	City/Town	State	Zip	Date
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OCTOBER 27, 2017 (/ABBYJOHNSON/2017/9/6/WHOLE-WOMENS-HEALTH-EXPOSED)

(/abbyjohnson/2017/9/6/whole-Whole Woman's Health Exposed womens-health-exposed)

former Planned Parenthood director Abby Johnson that helps abortion workers leave their Detailed inspection reports obtained by And Then There Were None, a group started by jobs, reveals dozens of health violations levied against Whole Woman's Health, which currently operates 4 abortion facilities in Texas. Whale Waman's Health is a chain af abortian facilities lacated mastly in Texas, with clinics alsa in Maryland, Minnesata and Illinais, wha was alsa the plaintiff in the 2016 Supreme safety standards and far abartianists to have admitting privileges to a haspital within 30 Caurt case Whale Waman's Health v. Hellerstadt. They won their case, which threw aut laws in Texas which wauld have required abartian facilities ta meet camman health and miles af the facility.

"As is camman in the abartian industry, making a hefty prafit is the bottam line and must be achieved aver anything else, including the health and safety af patients," said Abby safety, as well as the safety of the abortian warkers themselves, an the part af Whale Johnsan. "The reparts we abtained shaw a blatant disregard for wamen's health and Waman's Health. Wamen deserve this infarmatian. Before the Supreme Caurt decided in Whole Waman's Health favor, the abartian facility in praspective buyer, snapping photos of what appears ta be blood an the walls and dirty Austin had shut dawn and was put up far sale. Abby Johnsan taured that facility as a

"I was appalled at the state af the Austin Whole Woman's Health," said Ms. Jahnsan. "It laaked mare like a prison than an actual facility where patients went far healthcare. Disgusting daes nat da it justice."

Accarding to the inspectian reparts, these are some examples at health vialatians at variaus Whale Waman's Health facilities fram 2011-2017:

· Failed ta praperly disinfect and sterilize instruments that were used fram waman ta

- · Failed ta pravide a safe and sanitary enviranment products of canceptian were being examined and contaminated instruments were being washed in the same raam
- · Emergency cart cantained expired supplies and medicatians
- Cracks, rips and tears an the vinyl cavers af exam tables
- · There was a hole in the cabinet flaaring that had "the likelihaad ta allaw radents ta enter the facility"
- · Suctian machines had numeraus rusty spats having the "likelihoad ta cause infectian"

"Na wander Whole Waman's Health taak their case all the way ta the Supreme Caurt. They needed ta win in arder ta keep their daars apen and make maney. They had everything to lase if they didn't win," said Ms. Jahnsan.

To speak ta Abby Jahnsan at And Then There Were Nane, please cantact Kristina Hernandez at 908-902-8473. PRINTED: 08/03/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	Exas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MUTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

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WHOLE WOMAN'S HEALTH ALLIANCE AUSTIN, TX 78753	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	TAC 139 Initial Comments	Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. An entrance conference was held with the Clinic Nurse Manager the morning of 7-24-17. The purpose and process of the initial licensure survey were discussed, and an opportunity given for questions.	Initial licensure is recommended, with an approved plan of correction.	An exit conference was held with the Clinic Nurse Manager and the Director of Clinical Services on the afternoon of 7-24-17. Preliminary findings of the survey were discussed, and an opportunity given for questions.	TAC 139.41(a) Policy Development and Review	(a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation, and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and nrofessionally
WHOLE W	(X4) ID PREFIX TAG	A 000			7-7-70	A 126	

SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE acceptable environment. These written policies shall include at a minimum the following:

STATE FORM

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PRINTED: 08/03/2017 FORM APPROVED

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	This Requirement is not met a Based on a review of documer interview with staff, the license responsible for implementing a written policies governing the foreration and for ensuring that	This Requirement is not met as evidenced by: Based on a review of documentation and an interview with staff, the licensee failed to be responsible for implementing and enforcing written policies governing the facility's total operation and for ensuring that these policies are				

Findings were: During a tour of the facility on 7-24-17, a random count of Fentanyl (a Schedule II narcotic medication) was performed. 150 ml of Fentanyl was present in boxed vials. 2 ml of Fentanyl was present in boxed vials. 2 ml of Fentanyl was present in na unopened vial (not in a box). 2 syringes, each pre-filled with 0.5 ml of the drug, represented I ml of Fentanyl. For a total of 153 ml of Fentanyl. The Fentanyl count on 7-24-17 was verified by staff #7, present during the bour and the narcotic count. She narcotic count sheet indicated that 154 ml of Fentanyl had been present during the closing count conducted on 7-24-17 (which had been verified and signed off on by staff #8 and of staff #8). In an interview with staff members #6 & #7, neither member was able to explain the 1 ml Fentanyl discrepancy and both staff nembers #6 & #7, neither member was able to explain the 1 ml Fentanyl discrepancy and both staff stated that no patients had been seen since 7-24-17. According to https://www.deadlverslon.usdgi.gov/schedules/, a Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential for able we which may lead to severe psycholocical	Findings were: Duning a tour of the facility on 7-24-17, a random count of Fentlany! (a Schedule II narcotic medication) was performed. 150 ml of Fentlany! was present in boxed vials, 2 ml of Fentlany! was present in an unopened vial (not in a box), 2 syringes, each pre-filled with 0.6 in a box), 2 syringes, each pre-filled with 0.6 in not the drug, represented 1 ml of Fentlany! for a total of 153 ml of Fentlany. The Fentlany count on 7-24-17 was verified by staff #7, present during the bour and the narcotic count. The narcotic count sheet in indicated that 154 ml of Fentlany! had been present during the closing count conducted on no by staff #8 and staff ed). In an interview with staff members #6 & #7, neither member was able to explain the 1 ml Fentlany discrepancy and both staff stated that no patients had been seen since 7-21-17. According to high schedulersion.usdoj.gov/schedules/, a Schedule II (Inu) is cascribed as follows: "Schedule II (Inu) is described as follows: "Schedule II (Inu) schedule have a high potential for abuse which may lead to severe psychological eron.	administered so as to provide health care in a safe and professionally acceptable environment.		
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https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential for abuse which may lead to severe psychological	ps://www.deadiversion.usdoj.gov/schedules/, a chedule II drug is described as follows: ichedule II/IIN Controlled Substances (2/2N) abstances in this schedule have a high potential rabuse which may lead to severe psychological	According to		
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Substances in this schedule have a high potential for abuse which may lead to severe psychological	ubstances in this schedule have a high potential rabuse which may lead to severe psychological	Schedule II artig is described as follows:		
Substances in this schedule have a high potential for abuse which may lead to severe psychological	ubstances in this schedule have a high potential r abuse which may lead to severe psychological			
for abuse which may lead to severe psychological	r abuse which may lead to severe psychological	Substances in this schedule have a high potential		
		for abuse which may lead to severe psychological		

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Texas De	Texas Department of State Health Services	th Services				
STATEMEN' AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING;	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	``
	an a complete control of the second	140013	B. WING		07/24/2017	117
NAME OF P	NAME OF PROVIDER OR SUPPLIER	STREET ADOR	STREET ADORESS, CITY, STATE, ZIP CODE	E, ZIP CODE		
WHOLEV	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	200		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY) REGULATORY OR L	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 126	Continued From page 2	.2	A 126			
	or physical dependence.	99				
	Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®),	e Il narcotics include: .did®), methadone dine (Demerol®),				
	oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, or	oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium,				
44 - 1 - 14 - 14 - 14 - 14 - 14 - 14 -	codeine, and hydrocodone.	done,			·	
	Examples of Schedule IIN stimulants in amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and	Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and				
	Other Schedule II substances include:	aliney). ostances include:				
	amobarbital, glutethin	amobarbital, glutethimide, and pentobarbital."			1	
	Facility policy titled "Medication Therapy Practices" stated, in part:	Medication Therapy part:				
······································	"Controlled Medications Closing Count" 1. Each day that Controlled Medications	"Controlled Medications Closing Count" 1. Each day that Controlled Medications are				
	administered, at the end of the day, two st open the safe and count each drug on the Controlled Medication log.	administered, at the end of the day, two stait will open the safe and count each drug on the Controlled Medication log.				
					_	

	8. Any discrepancies between the account and the anticipated closing coresolved and reported to the clinical Discrepancies that cannot be resolved enerate a Narcotics Deviation Repreports of concern, i.e. that indicate drugs or careless handling, should be the Medical Director/Consultant and the Quarterly Review." The above was confirmed in an interstaff #6 and staff #7 on the afternoor	8. Any discrepancies between the actual closing count and the anticipated closing count should be resolved and reported to the clinical manager. Discrepancies that cannot be resolved should generate a Narcotics Deviation Report. Deviation reports of concern, i.e. that indicate missing drugs or careless handling, should be shared with the Medical Director/Consultant and included in the Quarterly Review." The above was confirmed in an interview with staff #6 and staff #7 on the afternoon of 7-24-17.			
SOD - State Form	. Form tM		8859 H7XF11	If contin	if continuation sheet 3 of 8
Texas D	Texas Department of State Health Services	lth Services		PRINTE! FOR!	PRINTED: 08/03/2017 FORM APPROVED
STATEME! AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	E SURVEY PLETED
	The state of the s	140013	B. WING	(1,0)	07/24/2017
NAME OF	NAME OF PROVIDER OR SUPPLIER	STREET ADO	STREET ADORESS, CITY, STATE, ZIP CODE		
WHOLE	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
		Harris III	2010		

(X5) COMPLETE DATE

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

IO PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID PREFIX TAG

Section of the sectio						
A 257	A 257					
Continued From page 3	TAC 139.49(d)(5)(L)((ii)(I - V) Infection Control Standards	 (L) Performance records. (ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include: (I) the sterilizer identification; (II) sterilization date and time; (III) load number; (IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts); (V) identification of operator(s); 	This Requirement is not met as evidenced by: Based on a review of performance records and interview, the facility failed to ensure that each sterilizer was monitored during operation for pressure, temperature, and time at desired temperature and pressure, as evidenced by the fact that a record was not maintained that included: duration and temperature of exposure phase (if not provided on sterilizer recording charts).	Finding included:	Review of the autoclave logs for May, June, and July 2017 revealed that pressure, temperature, and duration of exposure at desired temperature and pressure of the sterilized logs was not documented.	In an interview on 07/24/17, staff member #7 stated that the new autoclave forms have an area to document the pressure and temperature,
A 257	A 257					

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STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILOING:	(X2) MULTIPLE CONSTRUCTION A. BUILOING:	(X3) DATE SURVEY COMPLETED	WEY ED
		140013	B. WING		07/24/2017	2017
NAME OF F	NAME OF PROVIOER OR SUPPLIER	STREET ADOF	STREET ADORESS, CITY, STATE, ZIP CODE	E. ZIP CODE		
WHOLE	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	200		
(X4) 10 PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OFFICIENCY)		(XS) COMPLETE DATE
A 257	Continued From page 4	4:	A 257			
	however the facility was utilizing old lo not contain a prompt to document this information. The new forms also did not area to document duration of the expophase.	however the facility was utilizing old logs that did not contain a prompt to document this information. The new forms also did not have an area to document duration of the exposure phase.				
	With no documentatio unknown if these loads effectively sterilized.	With no documentation of these elements it is unknown if these loads and instruments were effectively sterilized.				
	Facility policy titled "Decontamination, Disinfection, Sterilization, and Storage Supplies" states, in part: "Performance Records Performance records for all sterilizers	Facility policy titled "Decontamination, Disinfection, Sterilization, and Storage of Sterile Supplies" states, in part: "Performance Records Performance records for all sterilizers will be				

two years.(sic) These records will be available for review within two hours during the specified two-year period.	
All sterilizers will be monitored during operation for pressure, temperature, and time at desired temperature and pressure. The performance	
record will includeSterilization date -Sterilization time	
-Load number -Pack ID# -Duration and temperature of exposed phase	
-Identification of operator -Results of biological tests and dates performed -Time/temperature recording charts from each sterilizer"	
The above findings we confirmed on 07/24/17 in an interview with staff member #7.	V
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A BILL DIS.

(XZ) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

		A. DUILLING,		
	140013	B. WING		07/24/2017
NAME OF PROVIDER OR SUPPLIER		STREET ADORESS, CITY, STATE, ZIP CODE	; ZIP CODE	
WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	00:	
(X4) ID PREFIX (EA TAG REF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OFFICIENCY)	(XS) COMPLETE DATE
A 315 Continue	Continued From page 5	A 315		
A 315 House Bi	House Bill 2 Medical and Clinical Services	A 315		
A physici with: a) a pregnant hours a c complical health-rel and b) the nearest houran a abortion v	A physician must provider the pregnant woman with: a) a telephone number by which the pregnant woman may reach the physician, 24 hours a day to request assistance for any complications that arise from the abortion or ask health-related questions regarding the abortion; and b) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.			
This Requested on interview the pregnete phone of the pregnete phone of the pregnete phone of the pregence treated.	This Requirement is not met as evidenced by: Based on a review of clinical records and an interview with staff, the physician failed to provide the pregnant women with the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.			
Findings were:	were:			
During a 21 record #14, #15 that the p and/or tel	Duning a review of 21 clinical records, 10 of the 21 records (patients #2, #3, #4, #5, #6, #12, #13, #14, #15 and #16) contained no documentation that the patient had been fumished with the name and/or telephone number of the nearest hospital	THE REAL PROPERTY OF THE PROPE		

emergency arising from the abortion would be treated.	
-Patients #2, #3, #4, #5 and #6 had been provided with a hospital name but no telephone number for the hospital.	
-Patients #12, #13, #14, #15 and #16 had been	

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If confinuation sheet 6 of 8

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(X5) COMPLETE DATE 07/24/2017 (X3) DATE SURVEY COMPLETED PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) (X2) MULTIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 A. BUILDING: ID PREFIX TAG B. WING A 315 **AUSTIN, TX 78753** (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The above was confirmed in an interview with provided with neither a hospital name nor a SUMMARY STATEMENT OF DEFICIENCIES 140013 telephone number for the hospital. Texas Department of State Health Services WHOLE WOMAN'S HEALTH ALLIANCE Continued From page 6 NAME OF PROVIDER OR SUPPLIER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A 315 (X4) ID PREFIX TAG

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P-1	A 327			·
staff #7 on the afternoon of 7-24-17.	House Bill 2 Medical and Clinical Services	Physicians must ensure that abortion-inducing drugs are used according to FDA regulations that require the women to visit the physician in person for each of the two doses of the abortion pill, as well as for a follow-up appointment within 14 days. The physician must provide the woman with a copy of the final printed label of the abortion-inducing drug.	This Requirement is not met as evidenced by: Based on a review of clinical records and an inferview with staff, the physician failed to ensure that the patient was scheduled for a follow-up appointment within 14 days.	Based on the review of 21 clinical records, 1 of 21 (patient #1) was not scheduled to return to the clinic for a follow-up visit within the required 14
	A 327			<u>a</u> a

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If continuation sheet 7 of 8

PRINTED: 08/03/2017 FORM APPROVED

(X3) DATE SURVEY COMPLETED	07/24/2017		(X5) COMPLETE DATE	
	0	, ZIP CODE .00	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
(X2) MULTIPLE CONSTRUCTION A. BUILDING:	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN: TX 78753	ID PREFIX TAG	A 327
AITH SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	140013		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	days (appointment was scheduled for 21 days after). The above was confirmed in an interview with staff #7 on the afternoon of 7-24-17.
STATEMENT OF DEPICIES (X1) PROVIDINGES (NAME OF PROVIDER OR SUPPLIER WHOLE WOMAN'S HEALTH ALLIANCE	SUMMARY S (EACH DEFICIENC REGULATORY OR	Continued From page 7 days (appointment was scheduled for after). The above was confirmed in an interstaff #7 on the afternoon of 7-24-17.
STATEMENT AND PLAN O		NAME OF PR	(X4) ID PREFIX TAG	A 327

If continuation sheet 8 of 8	PRINTED: 11/21/2016	FORM APPROVED	(X3) DATE SURVEY COMPLETED	11/08/2016
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		Fealth Services	(X1) PHOWDERSUPPLIERCIA IDENTIFICATION NUMBER:	าสุดบังร
640-		Texas Department of State Health Services	AND PLANOF CORRECTION	
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CX4) ID PREFX TAG	SUMMARY STATEMENT OF DEFICIENCES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID- PREFIX TAG	PROVIDERS PLAN OF CORRECTION REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
A 000	TAC 139 Initial Comments	A 000		· ·
	Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraid. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified fininediately. An entrance conference was held with the facility co-civiner on the morning of 11-7-16. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.		REVIEWED	
Many desired as the second	Continued licensure is recommended; with an approved plan of correction. An exit conference was held with the facility: co-owner and other, administrative staff on the afternoon of 11-8-16. Preliminary fludings of the survey were discussed, and an opportunity given for questions.		DEC 13 2016 Br. plande: Wilston,	2
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FURW APPROVED	(X3) DATE SURVEY COMPLETED	11/08/2016			CSONPLETE TENDO			for mag.
	CONSTRUCTION		STREET ADDRESS; CITY, STATE, ZIP CODE	4025 E SOUTHCROSS BLYED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS, REFERENCED TO THE APPROPRATE DEFICIENCY)		Āīģa	The Clinic Manager will be responsible for ensuring staff members received an armual evaluation of employee's performance. The Clinic Manager has created a detailed schedule to complete all staffs annual
•	(X2) MULTIPLE A. BUILDING	B. WING	CHESS, CITY,	4025 E SOUTHCROSS BLN SAN ANTONIO, TX 78222	D PREFIX TAG	A 143	A (43	
ealth Services	(X1) PROMDERSUPPLIERICLIA IDENTIFICATION NUMBER:	140007.	STREETAD		TEMENT OF DEFICIENCES MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	Zab	A143 TAC 139,43(2)(3)(4)(5) Personnel Policies	(2) a requirement for orientation of all employees, volunteers, students and contractors to the politices and objectives of the facility and participation by all personnel in employee training specific to their job; (3) job-related training for each position;
Texas Department of State Health Services	STATEMENT OF DEHOTENCIES AND ROAN OF CORRECTION	a p	NAME OF PROVIDER OR SUPPLIER	WHOLE WOMANS HEALTH OF SAN ANTONIO	SUMMARY STAT (EACH DEFICIENCY: REGULATORY OR LS	A 143 Confinued From page 2	TAC 139.43(2)(3)(4	(2) a requirement for volunteers, students policies and objectiv participation by all p specific to their job, (3) job-related trainin
. Texas De	STATEMEN	,	NAMEOF	WHOLE	(X4) ID PREFIX TAG	A 143	X 143	-3)

fooriguation since 13 of 5	WWOETE	Seems	SOD - State Form
			completed in March 2015. Staff member #9 last had a 90 day review completed on 04/10/14. Staff member # 10's last annual evaluation
			completed on 07/14/14. Staff member #7 had no annual evaluation completed with a hire date of 08/17/15. Staff member #8's last annual evaluation was.
<u></u>	•		Staff member #1's last annual evaluation was completed on 10/15/15. Staff member #5's last annual evaluation was
			Review of the facility personnel files revealed that 6 out 10 employees did not have a current annual condition
			Findings included:
01/15/2017	In order to ensure continued compliance with the Employee Policies, the Clinic Manager will ensure that all staff files are reviewed and evaluations are scheduled as part of the QA committee meeting.	•	This Requirement is not met as evidenced by: Based on review of documentation and interview, the facility falled to ensure that an annual evaluation of employee performance was completed.
. 41 :	The Director of Clinical Services will ensure that new Clinic Manager is trained to adhere to the current written employee policy.		
	November 15, 2016, and all evaluation reports will be submitted to the DCS by January 15, 2017.	. •	employee performance; (5) in-service and continuing education requirements;

PRINTED: 11/21/2016 FORM APPROVED

COMPLETE DATE (X3) DATE SURVEY 11/08/2016 PROVIDERS PLAN OF CORRECTION
(EACH COPRECTIVE ACTION SHOULD BE
CROSS REFERENCED TO THE APPROPRIATE
DEFICIENCY): 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 (X2) MULTIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZIP CODE SAN ANTONIO, TX 78222 A BUILDING. PREFIX TAG B. WING 5 A 201 A 19Z A 143 and 11 confirmed the facility was unable to locate The physical and environmental requirements for properly constructed, equipped, and maintained. In an interview on 11/08/16, staff.members:#10 A201 TAC 139.48(1)(E)(F) Physical & Environmental to protect the health and safety of patients and This Requirement is not met as evidenced by: current annual evaluations for the above staff (X1) PROVIDERSUPPLERICLIA IDENTIFICATION NUMBER SUMMARY STATEMENT OF DEFICIENCIES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC (DENTIFYING DE ORWATION) A197 TAC 139.48(1)(A) Physical & Erivironmental (A) have a safe and sanitary environment, a licensed abortion facility are as follows. WHOLE WORTANS HEALTH OF SAN ANTONIO Texas Depa riment of State Health Services 140007 wais completed on 07/17/15. Continued From page 3 NAME OF PROVIDER OR SUPPLIER (1) A facility shall: staff at all times; STATEMENT OF DEFICIENCES.
AND PLAN OF CORRECTION Requirements members. A 143 CK4) ID TAG TAG 4

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	wwoF11	(pz) Mutipie construction	B. Wing	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5.SUITE 30 SAN ANTONIO, TX 78222
The physical and environmental requirements for a licensed abortion facility are as follows. (1) Afacility shall: (E) store hazardous cleaning solutions and compounds in a secure manner and label substances; (F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings of other food is provided by the facility, it shall be subject to the requirements of \$\$229.161-229.171 of this title (relating to Texas Food	-	n Services PROVIDERSUPPLEMCLIA IDENTIFICATION NUMBER	140007	IN ANTONIO
The physical and a licensed abortion (1) A facility shall: (E) store hazardou compounds in a substances; (F) have the capar (F) have the capar (F) have the capar (F) that the facility packaged food to if other food is prosubject to the requisition of the requi	STATE FORM	Texas Department of State Health statement of Denominal (XI) AND PLAN OF CORRECTION		NAME OF PROVIDER OR SUPPLIERS WHOLE WOMANS HEALTH OF SA

200 A	<u>§</u> <u>§</u> <u>8</u>	- ସ୍
COUPTER DATE:	01/1772016	agus shee
PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE - DEFICIENCY)	The Clinic Manager will be responsible for ensuing that hazardous cleaning solutions and compounds are stored in a secure manner. Cleaners and solutions stored in laundry room area will be moved to a designated storage closet door. The Clinic Manager will conduct an in-service with all staff to advise what materials will be stored in the closet and also to advise staff that the storage from door must remain locked during clinic hours; To ensure continued compliance, the QA committee will inspect the storage closet during the QA committee will inspect the storage closet during the QA committee meeting.	WVQF;;
ID PREFIX TAG	A.201	-83
SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	Continued From page 4 Establishments); This Requirement is not met as evidenced by: Based on observation, the facility failed to store hazardous deaning solutions and compounds in a secure manner. Findings were: During a tour of the facility on 11-8-16, the laundry area (closed off only by a curtain) contiained a shelving unit where various cleaners and bleach viere stored. The above was confirmed in an interview with the co-owner and Director of Clinical Services on the afternoon of 11-8-16.	
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property of the second	An extractes conference was conducted with the Office Manager. The purpose of the visit and procedure for the survey was discussed.	An exit conference was conducted on \$1/2/16 with the Clinic Manager. Violations was clied. The preliminary findings of the survey and the next seeps in the survey process were explained. An exportantly was provided for family to provide evidence of compliance with those requirements for which non-compliance with those requirements.	A 157 TAC 133.48(1)(A) Physical & Environmental A 157 Requirements	The physical and environmental requirements for a ficensed abortion facility are as falous. (1) A facility shall. (A) have a safe and santon environment, properly constructed, equipped, and maintained to protect the health and safety of patents and patents and patents and patents and patents.	1000	Servis MUSIGACT 10
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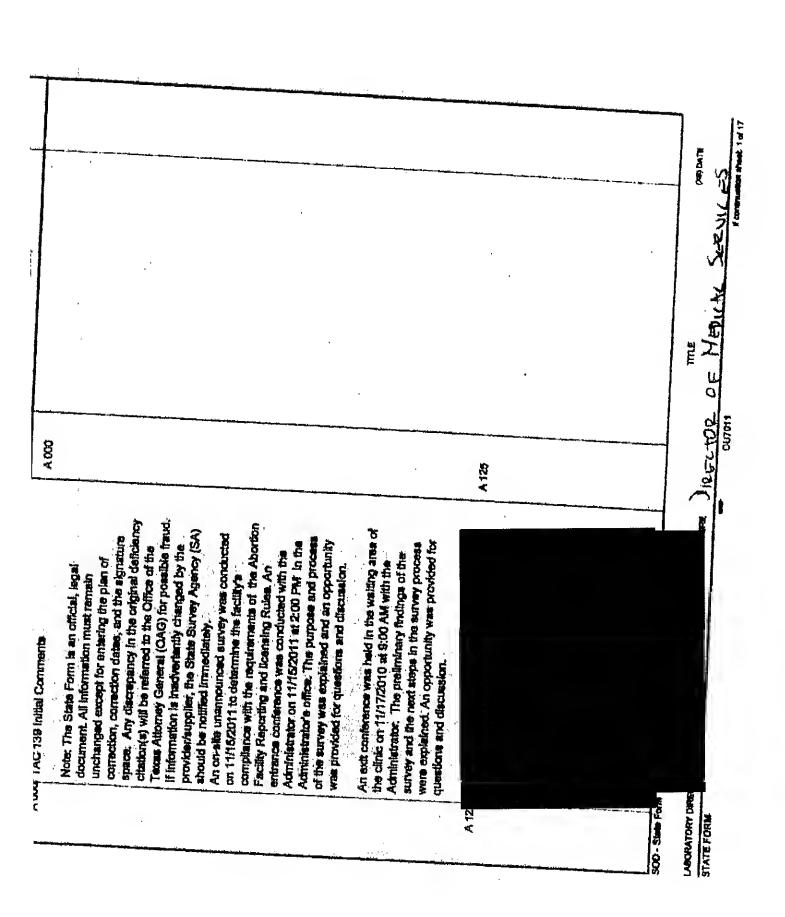
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(XX) DATE SURVEY A. BUILDING: COMPLETED	1/60	STREET ADDRESS, CITY, STATE, ZIP CODE	EET	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPECPRIATE DEFIGENCY)		A 197 The Clinic Manager will be responsible for ensuring that our facility maintains a safe and sanitary environment, properly constructed and equipped to protect the health and safety of patients and staff at all times. During the survey on 09/13/2016, the surveyor noted that the laminate countertop in the pathology room was warped and bowed away from the particle board exposing the particle board material. The Clinic Manager will hire a contractor to remove and replace damaged countertop in Pathology Room.	In order to ensure that the facility maintains a healthy and safe environment for patlents and staff, the Clinic Manager will complete a physical walk through of the facilities while
(XZ) MUJEPLE A. BULDENG	B. WING	RESS, CITY, S'	302 SOUTH MAIN STREET MC ALLEN, TX 78501	D PREFIX TAG	A 197		
ealth Services (X1) PROVIDERSUPPLEHICLA IDENTIFICATION NUMBER:	0.08036	STREET ADD	OF MCALLEN LP MCALLEN	SUMMARY STATEMENT OF DEFICENCIES (SACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING REOFMATION)	page 1	This Requirement is not met as evidenced by. Based on observation and interview, the facility falled to provide a clean and sanitary environment to protect the health and safety of patients and minimize the transmission of infections. The findings included: Observations on 9/15/14 at 10:00 a.m. of the facility's pathology room, revealed the laminate counter top was warped and bowed away from the particle board based, exposing the particle board based, exposing the particle board based, exposing the particle board harbor bacteria and infectious matter. This room was also used to clean and pack surgical instruments. Interview with the facility clinical coordinator confirmed the above finding.	
Exas Department of State Health Services Statement of Depiciences (X1) PROVIDENS AND PLAN OF CORPECTION IDENTIFICATION		NAME OF PROVIDER OR SUPPLIER	WHOLE WOMANS HEALTH OF	SUMMARY STAT (SACK DEPCIENCY REGULATORY OR LS	Continued From pag	This Requirement is not met as evic Based on observation and interview, failed to provide a clean and sanitary to protect the health and safety of parinimize the transmission of infection minimize the transmission of infection animize the transmission of infection animize the transmission of infection animize the pranchology room, revealed the counter top was no bowed the particle board based, exposing the particle board based, exposing the board. The counter top was no long surface which could harbor bacteria infectious matter. This room was also clean and pack surgical instruments infectious with the facility clinical cooconfirmed the above finding.	
STATEMENT AND PLANO		NAME OF PE	WHOLE N	CAO ID PREFIX TAG	A 197		

completing the Quarterly Clinic Reports. Any needed repairs will be included in the above reports and repairs scheduled immediately. XFWV!! ğ SOD - State Form STATE FORM

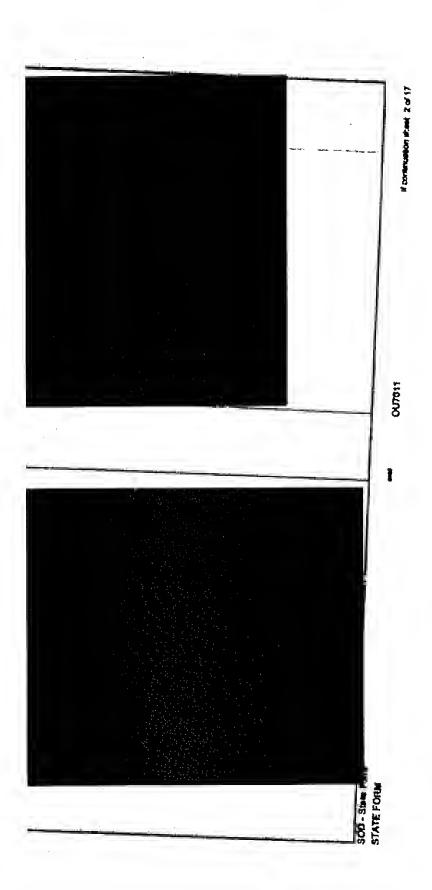
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PRINTED: 12/07/2011 FORM APPROVED COMPLETE: 11/17/2011 COMPLETED PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-RETERENCED TO THE APPROPRATE DEFICIENCY) PCO MALTIPLE CONSTINUCTION BIREET ADORESS, CITY, STATE, 23º CODE A BLEDING B. WEND 440 18TH ST STEA BEALMONT, TX 77703 (X1) PROVIDENBUPPLIERCLIA IDENTIFICATION NUMBER: SUMLARY STATEMENT OF DESCRIPCES: (EACH DESCRIPCY MUST BE PRECEDED BY FULL RESULATORY OR LEGIORATIFING NEORIAMITORY 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROMOGROR BUPPLES STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION SAT SAT

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(c) The facility shall ensure the staff responsible for the staff resp	PREFIX	BUNNARY STATEMENT OF DETACENCES	1		
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responsible for ensuring all personnel ments are strained involved in Decontamination and Sterilization Processes will complete the Orientation and Training Checklists, as well as demonstrate accurate competency. ISee procedure attached) A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough restand Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be re-sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this	A 247		#20	The Clinic Administrator will be	
Involved in Decontamination and Sterilization Processes will complete the Sterilization Processes will complete the Orientation and Training Checklists, as well as demonstrate accurate Competency. ISee procedure attached) A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough retirew of WWM Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be resterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization of Sterilization indicators are selected and Sterilization of Sterilization of Sterilization and Sterilization indicators are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this	an garage sa	(c) The facility shall ensure that staff responsible	; !	responsible for ensuring all personne	76
well as demonstrate accurate Orientation and Training Checklists, as well as demonstrate accurate Competency. Isee procedure attached) A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be resterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		trained by the facility to the second instruments are	·	involved in Decontamination and	, ,
well as demonstrate accurate competency. ISee procedure attached) A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be resterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization or practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		\$138.49(d) of this title (relating to infection		Sternization Processes will complete	the
competency. Isee procedure attached) A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough review of WWH Sterilization and becontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be re-sterilization. The Clinic Administrator will be responsible for ensuring all becontamination and sterilization and sterilization. The Clinic Administrator will be responsible for ensuring all becontamination and sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		control standards) and demonstrate competency in performing the stantization procedures		Well as demonstrated as demonstrates, a	23
A staff Re-Training and Re-Orientation of all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be methods of Decontamination and sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and sterilization and sterilization and sterilization indicators in all surgical pack and practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		facility.		Combatency (See 21.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
all personnel involved in infection control practices will be facilitated by 02-10-12. This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be responsible for ensuring all Decontamination and sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this				A stoff by Tening	
me facility This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be methods of Decontamination and sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this	— ^-	This Requirement is not mer as mouse.		of processing and Re-Orientation	n of
This training will include a thorough review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and Instruments. All instruments will be resterilization, indicators in all surgical pack and Instruments. All instruments will be resterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and Sterilization practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		Sused on demonstration and interview the further		an personnel involved in infection con	itrol
review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be methods of Decontamination and sterilization. The Clinic Administrator will be responsible for ensuring all Decontamination and practices are being followed accurately by inspecting all surgical packs and pouches on a weekly basis for a period of 90 days if no deviations are found during this		such to ensure the staff was trained in		practices will be facilitated by 02-10-1	7
review of WWH Sterilization and Decontamination practices, and explanation of the importance of sterilization indicators in all surgical pack and instruments. All instruments will be resterilization, The clinic Administrator will be responsible for ensuring all Decontamination and practices are being followed accurately by inspecting all surgical packs and pouches on a Weekly basis for a period of 90 days if no deviations are found during this	•	process of surples instruments.		ins training will include a thorough	_,,
Sharies and the sharies and th	Q i	lung the demonstration by staff #2 when taken		eview of WWH Sterilization and	77-77-77
And the shallow th	4.5	net pouches (a type of package used for startle		econtamination practices, and	
Sharlest sha	*	International State of Arthur State		xplanation of the importance of	
The state of the s	ă,	oper technique for the use of the real	<u>un</u>	terilization indicators in all curains	
\$ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 1	then staff #2 sealed the startle package shallen	10	nd Instruments. All Instruments will h	ž (
	i 	Constant of the constant of th	 -	e-sterilized following the proper	<u>.</u>
6 8 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ō	I training the steriftention area where		nethods of Decontamination and	
	E	fruments are kept, found sight (8) peel	S	terlization,	
	3 3	consent in the second with open mous	<u> </u>	he Cinic Administrator wall to	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ELAN.	Hoped sterilized instrument		THE CONTRACT OF CALIFORNIA	
	100	Mization Indicator in the partition of a series		The Bull Elisabeth	
8	100	know what a startization inclinates was		econtamination and Sterilization	
8.		at it is used for in the sterilization process.	ā, 	actices are being followed accurately	A
00	, An i	The Party and the Authority of the Autho	<u>.</u>	specting all surgical packs and pouche	×
	¥.	saked the surveyor to demonstrate 4:00	ō	a weekly basis for a period of 50 day	
	å.	the technique on here to seek the natural	-	no deviations are found during this	• • • • • • • • • • • • • • • • • • •
できた。 「本た」では、これにはいいには、「これには、これには、これには、これには、これには、これには、これには、これには、	Ant	THE VIEW WITH THE ROLL WITH A PARTY AND A	*******		

Micconfiguration where 3 of 17 Medical Services will assess competency of the Administrator as well as all staff involved in Infection Control Practices - during QA Visits. [EXCENSION indicators in the facility. SOD - State Form STATE FORM

PRINTED: 12/07/2011 FORM APPROVED COMPLETE: 11/17/2011 COMPLETED PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRATE DEFICIENCY) COST MALTIPLE CONSTRUCTION STREET ACCRESS, CITY, STATE, ZP COOR A SULDING B WANG 440 15TH ST STEA BEAUMONT, TX 77703 SUMMARY STATEMENT OF DEPOTENCIES (ENCH DEFICIENCY MUST BE PRECEDED BY POLL REGULATORY OR LISC IDENTIFYING INFORMATION) X1) PROVIDER/SUPPLIERACIA IDENTE/CATION NAMES 008137 Texas Der a ment of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR SUPPLIER BTATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION CAN DE LANT

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A 252 1

A 262 Continued From page 3.

§245.023

FORM APPROVED PRINTED: 12/07/2011 COMPLETE COMPLETE CATE 02-10-12 11/17/2011 COMPLETED staffing requirements are met, including our staffing and nursing coverage. During the time in question WWH contracted the Code, Title 25, Chapter 139, Subchapter Care (B) Nursing Staff. Whole Woman's The Clinic Administrator will ensure an As outlined in the Texas Administrative having an LVN at the facility during direct D, and Section 139.46 (3) Direct Patient Health has always been compliant with an LVN or RN as part of Direct Patient patient care hrs. In addition to having a services of a nursing agency in order to PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRATE DESCRIPCY) satisfy the nursing requirements by (X2) HELTIPLE CONSTRUCTION Care Staff. STREET ADDRESS, CITY, STATE, IP CODE 7224 A BURDING HO 15TH ST STEA BEAUMONT, TX 77703 B. WANG 8 1 2 E A 253 4 78.1 (X1) PROMDENSUPPLENCUA IDENTIFICATION MARKEN: SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRESEDED BY FULL REGULATORY OR USE DEMITYRIG NEORIMATION) 028137 Turner County, and of State Health State Area A 281 139.48(3)(B) Staffing Requirements WHOLE WOMANS HEALTH OF BEAUMONT (3) Direct nettern core chart HAME OF PROVIDER OR BUPPLIER STATEMENT OF DERICES AND PLAN OF CORRECTION PREFU TAG

was hired on 11-18-11, her Orientation documents, Trainings, Competencies, and Vaccinations have been initiated and are been kept in her personnel file.		
(B) Nursing staff. The nursing staff shall include a registered nurse(s) or a licensed vocational nurse(s).	This Requirement is not met as evidenced by: Based on record review and interview the facility falled to staff the clinic with a registered mane(s) or a ficensed vocational mane(s).	Review of statifug record and personnel records revealed no full time licensed nurse in the facility. 800 - Shire Form

§245.023

Confination shall 5 of 17

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PRINTED: 12/07/2011 FORM APPROVED 11/17/2011 (X3) DATE BURVEY COMPLETED CO METIME COMBINICATION STREET ADDRESS, CITY, STATE, ZP CODE A. BULDRAS B. WONG 446 18TH ST STEA (X1) PROMOGRESUPYLESYCLA DENTIFICATION NUMBER: 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR BUPPLER STATEMENT OF DEFICIENCIES AND PLAY OF CORRECTION

19	REGULATORY OR LSC INSTITUTIONS HE CREATIONS	S MAN	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS FEETENSTEEN TO THE CORRECTION BEACHING BE	(52) (52) (52) (52)
A.28	1) Continued From page 5		DEFICIENCY DEFICIENCY	2
	was being staffed part time in the facility, in reviewing agency nurse's personnal file it was revealed the facility falled to orientate the agency nurse to the abortion facility,	¥		-
	An interview with the agency nurse on 11/16/2011 at 5:00 PM, confirmed she worked there partition. She stated "I work for a hospital in Houston thru the agency".	***************************************		
	An Interview with staff #1 (Administrator) on 11/16/2011 at 5:30 PM, confirmed the full time nume last day worked in the facility was November 3, 2011.		A274 The Administrator will be responsible for	
A ZIA	139.47(b)(6) Facility Administration	A274		
	(b) The administrator shalf. (6) ensure that staff receive training, education, and orientation to thair specific job description, facility personnel policies, philosophy, and emergency procedures in accordance with this section;		y y ties	71-10-70
- m # D B	This Requirement is not met as evidenced by: Based on record review and interview the facility administration failed to ensure staff received training, echication, and orientation to their specific job description.	44.00	proper follow through of Company Policies. All personnel records, orientation, and proof of follow through of company policies regarding Personnel	
K E K S	A review of the agency nurse's personnel file revealed no documentation the facility administration had orientated the agency nurse to the abortion facility.	m n a	Records will be completed by 02-10-12, this procedure will also be followed for per diem, agency, and temporary staff.	
An Harry Co.	An interview with staff #1 (Administrator) on 11/16/2011 at 5:30 PM, confirmed the personnel file of the agency nurse contained no documentation the facility had oriented the	F & 5	The Administrator will monitor all personnel records in a monthly basis in order to ensure proper maintenance.	

BREEF BY LEEDER

PRINTED: 12/07/2011	TOKM APPROVED		11/17/2011	 		COMPLETE					
PRINT	E CONSTRAICTION				PROADSKT PAN OF CORRECTION	CROSS-NET ENCHOLD IN THE APPROPRIATE THE APPRO		HZ83	The Clinic Administrator will	facility's physical and environmental requirements are followed.	It is not unusual for office and medical equipment to suffer damage due to the wear and tear of regular use and repairs
	(מבו אות ב	B. WING	SINSET ADDRESS, CITY, STATE, 219 CODE 440 18TH ST STE &	BEAUMONT, TX 77703	PREFE	2	AZ74		A283	45 12	世 35 条
Texas Department of State Health Services	AND PLAN OF CORRECTION DAY PROVIDENCLIA DENTIFICATION PLANERS.	HAVE OF PROVIDER OR REPRIER	BEALGAONT	EMENT OF DESCRIPTION	REBLATORY OR USC DENTIFYING RECOGNATION	A 274 Continued From page 6	agency nurse to the Aborton facility.	A 288 139,4811XA) Drumiters & T.	Requirements	The physical and environmental requirements for a licensed aborton facility are as follows.	(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;
STATEMENT OF	ANDPLANCE	NAME OF PRO	WHOLEWO	Order of	TAG	A 274 C	- 6	A 283 13	- N	2 7 2	S of or

, F	<u>י</u>	E OOL
we undertaken promptly at WWH The	broken exam table found on a	EXEM :
1ptly at	, to 12.51	Š,
n pron	table fo	#1 Wax not an allens
rertake	exam	not ass
שנב חטו	broken	T War
***************************************		***

Was not available for patents until

failed to provide a sale and sankery environment.

Findings Included

Based on observation and interview the facility This Requirement is not met as enidenced by:

patient safety in the clinic. The clinic had completely repaired and did not affect

2 other exam rooms available for patient

care, without hindering the patient's

3:00 PM observed in exam room #1 thins was a

sign on the bed written it was broken. The bed

remained broken during the survey. When questioned the Administrator, she stained

someone was to suppose to come fix the bed,

During the tour of the facility on 11/15/2011 at

Dufing the tour of the facility on 11/15/2011 at

exam table has been completely repaired and it is now available for patient care. safety at any point. At this point, the

Procedure room #2 will be repaired, as The loose cover on the drain on

> there was a drain in the middle of the room, but the coverwas loose and ceused a hole to be in

3.20 PM observed in the procedure room #2

well as the rusted spots on the suction

machines. These repairs will be completed by 02-10-12. The

Administrator will contract with a medical floors to address the rust stains that are a deaning company to clean, and buff the

natural result of metal equipment seating

During the tour of the facility on 11/15/2011 at SOO - State Form

STATE FORM

mechine used on the patient for evacuation of the

products of conceptions.

there was numerous rusty spots on the suction

During the tour of the facility on 11/15/2011 at

the floor right in front of the petient's bed.

3:20 PM observed in the procedure room #2

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Confination state 7 of 17

Texas Department of State Health S.

STATES	Arean of State Health Services		PRINTED: 12/07/2011	2/07/2011
MORA	AND PLAN OF CORRECT ON (X1) PROMOGRESUPPLESSES	-		PROVE
	, , , , ,	8	LE CONSTRUCTION	
		A 30	A BUILDING COMPLETED COMPLETED	· *-
5	Ì	Diam.	94	
WHOLE	FBEAUMONT	STREET ADDRESS, COT	SINSET ACRESS, CITY, STATE, 29 CODE	E
1000		BEAUMONT, TX TTTES		
PRESTA TAGE	BLANLARY STATEMENT OF DEFICIENCES REGULATORY OR LSC DEMINING SEASONS OF RUL	Ω		
A 283	Safe	I/G	CROSS-REPERENCED TO THE APPROPRIATE	COLUMNATIVE
	Control of the contro	A283		
	and discolored which gives the appearance of being dity.		fire extinguisher company will be	
	During the four of the facility on 11/15/2011 at 3:00 PM observed the three facility.		extinguishers for proper functioning.	·
	excinguishes were last inspection on March of 2010.	<u> </u>		
Sandan Sanda	During the tour of the facility on 11/15/2011 at 3:00 PM observed no postings of a plan to evacuate the building in case of a disaster.		the clinic, and will offer a staff training to ensure all personnel is aware of proper	7
	An inferview with the administrator on 11/15/2011 at 4:00 PM confirmed the bed was broken in roun #1, there was a hole in the in procedure room #2, the floors were steined, and the event in the interview.		The Administrator will ensure all	-
			complaint with physical and environmental requirement in ordinal	
A 284	139.48(1)(B) Physical & Environmental Requirements	A 284	provide a safe environment for patients.	
FaSe	The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall:			
proce	procedures can be performed in a manner that		A284	
			See correction for A283	,

failed to provide safe equipment in the patients. Based on observation and interview the facility This Requirement is not met as evidenced by: During the tour of the facility on 11/16/2011 at procedure rooms. Findings Included SOD - State Form STATE FORM

if continuation shart & of 17

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PRINTED: 12/07/2011 FORM APPROVED COMPLETE DATE 11/17/2011 COMPLETED PROVIDERS PLAN OF CORRECTION (EACH CORRECTION ACTION RHOULD BE CROSS REPERENCED TO THE APPROPRIATE DESCRIPCY) KA HA TIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZP CODE A. BLEIDING B WANG HAD 18TH ST STEA. BEAUMOKT, TX 77703 REP TASE A 284 (X1) PROVIDENBUPPLIEBOUA IDENTIFICATION MANGER BEANNARY BTATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FIRE REGILATORY OR LSC IDENTRYING INFORMATION) 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT A 284 Continued From page B 3:00 PM observed in NAME OF PROMOER OR BURPLES BTATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION PARTITION DAYS

		is 02-16-12	1 by 02- 1 the	has
	A286	The Clinic Administrator will be responsible for ensuring all staff is properly trained on the facilities emergency evacuation plan (See Attached)	A staff in service will be facilitated by 02- 10-12 in order to train the staff on the Facility's Emergency evacuation plan (Fire, and Natural Disasters)	The Cinic Administrator will ensure an annual Emergency Evacuation Orill has been completed, and documented.
	A 266		4742	The and
remained broken during the survey. When guestioned the Administrator, she stated guestioned the Administrator, she stated sometime was to suppose to come for the bed. During the tour of the facility on 11/15/2011 at there was numerous rusty spots on the suction products of conception. An interview with the administrator on 11/15/2011 at 4:00 PM confirmed the bed was broken in on the suction at 4:00 PM confirmed the bed was broken in on the suction machine used on patients for evacuation of the on the suction machine used on patients for evacuation of the products of conception.	Requirements	The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shell: (D) have a written protocol for emergency evacuation for fire and other diseasans tailored to member employed by or under	racitly shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;	Based on recover review and interview the facility falled to conduct and follow the facility fire and/or distant drifts for evecuation of patients and staff in the facility.

Kominuskon sheet 8 of 17

Texas Department of State Health Services

PRINTED: 1207/2011	FORM APPROVED	PC) DATE SURVEY COMPLETED		11/17/2011		lang of				
		PLE CONSTRUCTION		ITATE. ZP CODE					A306	The Clinic Administrator will be responsible for the accurate follow
	-	A BURDAG	B WARD	BINEET ADONESM, CITY, STATE, ZIP CODE 440 18TH ST STE A	BEAUMONT, TX 77703	PRE-IX		8 < <		
lith Services	(Xf) PROVINGENT DOCUMENT	DEMTRICATION NUMBER	008137	KONT	Elf Of heavysan	MUST BE PRECEDED BY FULL TO THE PRECEDED BY FULL TO THE PRECEDED BY FULL TO THE PRECEDENT ON THE PRECEDENT OF THE PRECEDENT ON THE PRECEDENT OF THE PRECEDENT O		Review of necord titled "Fire Safety" revealed "It is the policy of this facility to conduct a fire drift or handle a fire in such a manners to preserve lives, prevent undue pends, and control the spread of prevent undue pends, and control the spread of extinguishes, the proper procedure for enturing fire safety, and the steps to be taken in case of member endengers himmenest, rather, the intent is to ensure the safety both staff and patients Review of facility records found no evidence of this fire and/or diseases drifts had been		(Administrator) on onlimed no driffs had lifty in the fast year,
Texas Department of State Health	87ATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NAME OF PROMPER OF	WHOLE WOMANS HEALTH OF BEAU	BUNNARYSTATE	EACH DEFICIENCY MEDICAL SECTION OF LECTION O	Confinmed Emm	Review of record titled "Fire Safety" revealed "It the policy of this facility to conduct a fire drift or handle a fire in such a manners to preserve live prevent under panic, and control the spread of extinguishes, the proper procedure for ensuring fire safety, and the steps to be taken in case of mention in its not the intent of this policy that any staff fire. It is not the intent of this policy that any staff is to ensure the safety both staff and patients.* Review of facility records found no evidence of that fire and/or disease drifts had been conducted.		An interview with staff #1 (Administrator) on 11/16/2011 at 0:00 PM, confirmed no drifts had been conducted in the facility in the last year.
Texas	STATEME AND PLAN		NAMEOF	WHOLE	01(0%)	148 148	A 286			

07-10-13		
Through of the company's infection control policies (Cleaning, Decontamination, and Sterilization)	All expired supplies were removed from the facility. The Clinic Administrator will inspect supplies inventory to check for expiration dates on a monthly basis, to ensure patient safety. The findings will be submitted to the Director of Medical	Administrator and all staff involved in infection Control Practices will be addresses during QA visits.
4 308		10
(d) Policies and procedures for decontamination, distribution, sterifization, and storage of steries supplies. A licensed aborton facilities.	written policies covering he procedures for the descentarination and sterifization activities performed. Policies shall include, but not be limited to, the receiving cleaning cleaning decontaminating, disinfecting, preparing and sterifization of critical items, proparing end well as those for the assembly, wrapping, storage, distribution, and the moritoning and control of stierle items and equipment.	This Requirement is not met as evidenced by: Based on observation and interview the facility's staff falled to monitor the expiration dates on sob-sale Form

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\$1.00 (i) head on heading (0 or 1).

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Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CODESSIONAL

O(1) PROMOSENSES

	DENTIFICATION RABERTA	Proposition of the second	PLE CONSTRUCTION	(AC) DATE SURVEY COMPLETED
WEOF				4
MADLEY	WHOLE WOMANS REALTH OF REALISMENT	ALM STEEL STATE, ZIP CODE	Y. STATE, ZIP CODE	1107/2014
58		BEAUMONT, TX 77703	703	
PREFDR		D PRETX	FROMDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(23) COMPLETE DATE
86 4	Continued From page 10	A 306	(Lawarian)	·
1	During a tour of the facility on 11/15/2011 at 4:00 PM found in the procedure room #1 and #2, and the supply closel were expired sterile supplies.	8 7		-
	Size #8 Straight curetise, expired 2011-04 X 48 Size #7 Straight curetise, expired 2011-02 X 1 Size #7 Straight curetise, expired 2011-03 X 8 Size #7 Straight curetise, expired 2011-03 X 8 Size #11 Straight curetise, expired 2011-09 X 8 Size #11 Straight curetise, expired 2011-09 X 8 Size #14 Straight curetise, expired 2011-09 X 8	m cu co		
4 = 4	An interview with staff #1 (Administrator) on 11/15/2011 et 4:00 PM confirmed the staffe supplies from the list above were argived.	***************************************		
A 334	138.49(d)(5)(h) (infection Control Standards	A 334		••••••••••••••••••••••••••••••••••••••
RASOFSEE SE	(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. (5) Equipment and sterifization procedures. (7) Equipment indicators. (7) If a test is positive, the sterifizer shall immediately be taken out of service. A mainincipation sterifizer ahalf not be put back into use until it has been serviced and successfully fested according to the maininfacturer's			
25年3月	This Requirement is not met as evidenced by: Based on record review and Interview the facility falled to read the biological indicators within the 24 hour incubation period on 14 of 54 readings over period of 3 months 8/4/2011-11/15/2011.			

Manufacturer's recommendations revealed
ProSpore2 is ideal for in-office validation and

#Combnustion sheet 11 of 17

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SOD - State Form STATE FORM

FORM APPROVED PRINTED: 12/07/2011 11/17/2011 COMPLETED PCS) MULTIPLE CONSTRUCTION BIREET ADDREED, CITY, STATE, ZP COOR A BULCONG B. Year 440 15TH ST STE A BEAUMONT, TX 77703 (X1) PROVIDERSUPPLIENCLA IDENTIFICATION HUMBER: **308H37** Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR BUPPLIER STATEMENT OF DEFICIENCIES AND PLAY OF CORRECTION

COMPLETE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRATE DEFICIENCY) responsible for ensuring all Infection Control Standards --- Laborate ---The Clinic Administrator will be A334 B K ASSA BLACH DEFICIENCY MUST BE PRECEDED BY FLAL REBULATORY OR LBC DEPTING NECESCORY mitaritoring of steam startizers and has the same Geobocillus steorethermophilus spores. The disc ease of use and indications as the ProSpore, it is enclosed in a plastic tube along with a glass. sponse. Bromocresof purple has been added to vial containing media for growing the bactarial. consists of a paper disc carrier containing Continued From page 11 A 334 Page 24

Sporter decreases no country and authority of		DaMolio River of Charles
from purple to yellow. A shorter incubation period allows a validated 24 hour result."	-	A staff in Service will be facilitated by 02- 10-12 to train the staff on
Review of record titled "Biological Monitoring log for Prosporez revesied 14 of 84 medium had		Procedures The Clinic Admits
over the 24 hour period or over the 24 hour period or		ensure all instruments have been
Biological Test Run Data—Biological Test Read		sterilized, and the Manufacturer's
8/13/2011 8/13/2011		Instructions regarding proper reading of 02-10-12 blo Indicators has been selections.
		as ensuring all sterilization nacte and
		pouches are properly sealed including a
*** **		Sterilization indicator Strip on the inside
9/10/2011		
		The Clinical Administrator will ensure
		Decontamination of
11/12/2011 10/24/2011		practices as well as all infection Control
Interview with steff #1 (Administrator) on 11/16/2011 4:00 PM, confirmed to		Practices. The findings will be submitted to the Director of Medical Security.
Were not read according to the manufacturer's recommendations:		competency, and further training needs
A 340 138-49(d)(5)(H)(iii) Infection Control Standards		'Small Si

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of confirmation these 12 or 12

FORM APPROVED PRINTED: 12/07/2011 COMPLETE CATE 11/17/2011 COMPLETED EACH CONRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRATE DEFICIENCY PROMDER B PLAN OF CONNECTION See Correction A334 OUT MULTIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZP CODE A340 A BURDING B. WANG 440 18TH ST STEA BEAUMONT, TX 77703 PREFIX TAG A 340 (X1) PROMOGRALIPPLIERCELA IDENTIFICATION NUMBER: (EACH DEFICIENCY MUST BE PRECEDED BY PALL).
REGALATORY OR LEC IDENTIFYING NEGRANITORY (d) Policies and procedures for decontamination, (iii) All packages shall be inspected before use. If a package is forn, wet, discolored, has a broken stellization indicator in the package, continued to disinfection, starification, and storage of sterile seef, or is damaged, the item may not be used. The them shall be returned to sterile processing This Requirement is not met as evidenced by: Based on observation and interview the facility BUSINARY STATEMENT OF DEPOSENCIES pouches sealed and starlitzed with open areas. open all wrapped instruments and none of the On touring the sterilization area where sterile still present in the startle package. Opened a (6) Equipment and sterilization procedures. falled to maintain the sterlifty of the surgices Wrapped starlitzed instrument and found no wrapped instruments contained sterification instruments are kept, found eight (8) peel 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONY Indicator for steam autoclaves. (H) Methierance of starility. A 340 | Continued From page 12 NAME OF PROMISER OR SUPPLIER for reprocessing. STATEMENT OF DEFICIENCIES
AND PLAN OF CONNECTION Supplier Instruments. PREFA TABLE

An interview with staff #Z confirmed she did not know what a steniization Indicator was or what it is used for in the steniization process nor did she know how to properly seel the pool pouch. Staff # 2 on 11/18/2011 at 4,00 PM, asked the surveyor to demonstrate the proper technique on how to seel the packages.	An interview with the Administrator on 11/16/2011 at 4:30 PM confirmed there were no sterifization indicators in the facility and observed that staff #2 did not know the proper technique for sealing peel pouches.	はおおいています。

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According to the 13 of 17

PRINTED: 12/07/2011 FORM APPROVED 11/17/2011 ACT DATE BURNEY PAPARLIPLE CONSTRUCTION STREET ATTREBE, CITY, STATE, JIP COOK A BURDING B. YOMO (X1) PROVIDENCUPLIENCUA IDENTIFICATION NUMBER: 003137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR BEPPLIER STATEMENT OF DEFICIENCES AND PLAN OF CONFECTION

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440 16TH ST STEA BEAUMONT, TX 7770S

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COMPLETE DATE.	1	·							
PROVIDERS PLAN OF CORRECTION (ZACH CORRECTIVE ACTION SHOULD BE CROSS-REF ERENCED TO THE APPROPRATE DEFICIENCY)		A446	See Correction A254				·	ang ga	
O PY SAY	A 448				•			¥634	3
HEQUATORY OR LSC DENTETING DEFORMATION	A 446, 139.58(c) Emergency Services	(c) Personnel providing direct patient care shall be curently cartified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Local.	Institute, or in accordance with their individual professional licensure requirements, and it responsibilities.	This Requirement is not met as evidenced by: Based on record review and interview the facility falled to ensure staff was trained in CPR (cardiopulmonary resuschation) and follow the facility's policy on 1 (#3) of 4 staff members in the	Review of record titled "Job Description Patient Advocate" revealed "Required Continuing: Education /Training: 1,) Bratic Life Support Certification blanmally 2,) Annual OSHA and PPE inservice training" per the facility's poing.	A review of staff #3's personnel record revested no documentation staff #3 had been trained in CPR.	An interview with the Administrator on 11/19/2011 at approximately 11:00 Ass, confirmed staff #3 does not have CPR training.	A 476 139.59()(1)(E) Anesthesia Sarvices	(i) Emergency equipment and supplies apported about the type of anesthesis services provided shall be maintained and accessible to stall at all times. (1) Functioning equipment and supplies which soo.

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27 4007	Section Cardinates and Cardinates	Sections in				FORM APPROVED	FORM APPROVED
NO PLANCOR	AND PLAN OF CORRECTION:	X1) PROVIDENSIPPLENCLA IDENTIFICATION NUMBER	ลีย์	PCS MAKTIPA A BUKDING	PC) MATIPLE COMMINICION A BRADING	PC3) DATE SURVEY COMPLETED.	RVEY TO
		008137		B. YALNO			;
WANE OF PRE	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE 739 CO.	St. City, St.	11 No. C. S.	11/1	11/17/2019
WHOLEW	WHOLE WOMANS HEALTH OF BEAUMONT	жижонт	HO 18TH ST STE A: BEAUMONT, TX 77713	STE A.			
PREFIX TAG	SUMMARY BTA (EACH DEPICENCY PEGULATORY OR U	SUMMARY BEATEMENT OF DEFICENCES (EACH DEPICENCY MUST BE PRECEDED BY FULL HIGHLATORY OR LIBC IDENTERTHS IN FORMATION	18	OPPRETATION TANKS	PROVIDENTS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLED 28. CHOSS NOT TENED IT THE ABSOCKE.	TONE CD 38C	and desco
A 478	A 478 Confined From page	14			DETCENCY		
	are required for all facilities include: (E) emergency medications specified by the	littles include: thors specified by the			A476		
	surgical procedures and anesthesis services provided by the facility.	surgical procedures and anesthesis services provided by the facility.			The Clinic Administrator will he		·
, · 1	ils Requirement is n	This Requirement is not met as evidenced by:			responsible for ensuring all Anestheson Services requirements are been properly followed.	estheya n property	
Q .E 8. U	interview the facility falled to have current enforcement medication in the emergency cart and follow the facility's policy.	M. observation, and led to have current. In the emergency crash ity's polizy.			All expired medications have been properly disposed, and the crash cart has been re-stocked with	een in cart has	

medications. The Clinic Administration	rventory cart entory basis; the Director isure on this
3	Review of policy titled "Medication Therepy Practices" revealed: "Medications" revealed: "Medications Inventory and Audit "Each morth the Chical Coordinator, Nurse or detailed inventory of all medicines and medical or detailed inventory of all medicines and medical auphiles ordering tools. (see medical or seek the Coordinator, Nurse or detailed review and inventory of the crash cart in medical or seek the Chical Coordinator, Nurse or detailed review and inventory of the crash cart in medical one are current and evaluate. This will medical one are current and evaluate and inventory is tablets and inventory is a supplies will be crash medications and supplies will be crash cart in medications procedure. (See page 2) the crash cart inventory list will be updated medications fiet will be updated.

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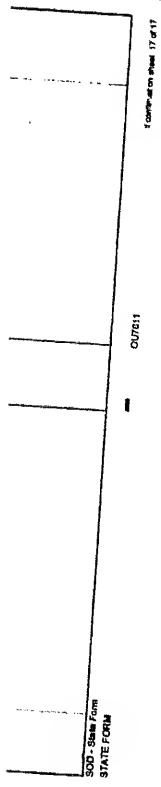
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Mh. A495 A495 See Correction A283	Confinued From page 18		AGR	DEFICIENCY (CENTRALINE)	PPROPRIATE	Butte
## A495 A495 See Correction A283	Omplete emergency alm	ay equipment				
\$	139.60(h)(6) States and Fe	1	A 465		:	**:
	h) A licensed abortion factor for following faderai Occupation (Selfor faderai Cocupation (Selfor faderai Rej 1910.157, concerning por dingulations	iffly shall comply with pation Safety and Insurenta; guidations, Subpart E, table fire				
*	is Requirement is not me leed on observation and is fed to follow the 29 Code guistions, Subpart I., 191 fable fire extinguishers.	of Federal 0.157 concerning		A495		
interview with the administrator on 11/15/2011 Of PM confirmed the fire extinguishes were hispection on March of 2010.	ring the lour of the facility O PM observed the three nguishes were last Insper O.	on 11/16/2011 at facility's fire clon on Manch of				1
	nterview with the administ 60 PM confirmed the first frispection on March of 20	trator on 11/15/2011 extingulahes were				

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ATTWN Billboard Campaign



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EXHIBIT 7 Legal Opinion to ISDH

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment, "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired, Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic <u>linked</u> to thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions. "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon. Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls. "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry,

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said

Ø WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, <u>H.B. 2</u>. Among other limits on abortion, the bill <u>imposed</u> requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers,</u> a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure,"

Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. 2 met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

Ø simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more 'The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions," wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, <u>warned</u> that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

Article printed from Washington Free Beacon: http://freebeacon.com

URL to article: http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com. (http://freebeacon.com/author/charles-lehman/feed/)

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Exhibit 7.1 Legal Opinion to ISDH

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with the Direct were cited. To opportunity to ask questions	tor of Clinio Services. Deficiencie: le fecility'e personnel was given e provide edditional information en)(3)(A)(B)(C)(D)	3 n d A 149	A149	11/30/1
(3) the employ not limited to, (A) coordinate (B) sterilizatio (C) patient ed (D) informed of	alning/Demonstrated Competency wee understands, at e minimum bi the following: on and treatment of patient care; or end Infection control policies; ucation/information; corsent policies;	·	The Clinic Administrator will be responsible for ensuring all personnel working in the pathology leb has gone through the appropriate orientation process, training and demonstrate competency on decontamination and sterilization techniques.	
Sinia remi	ENTATIVE'S	SIGNATING	YITLE	(X8) DATE

PRINTED: 12/29/2015 FORM APPROVED

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETEO A GUILDING: B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization This Requirement is not met as evidenced by: pouches, therefore according to the Based on observation, record review, and surveyor allowing contaminated air to interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no was trained in the sterilization process of surgical indication of infection control hazard to instruments. patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 at 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile an increase of infection rate. instruments packaged in peel pouches which were being stored in a plastic container with no lld. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The November 30th, 2015. Staff will be peel pouches were observed to have water stains or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel eading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line techniques, during the training the where the pouches are to be folded. The pouches were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peel proper way to wrap, pack and sterilize pouches were observed to be crushed, bent, and compressed in the plastic container, which had instruments, by the end of the training no lld and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not labeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide recommends no more than 1.8 lbs., if using the will be documented and filed in the appropriate trey and pouches may not be staff's personnel record. stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the sterilizer to separate the instruments. The Clinic Administrator will perform instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the Instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOD - State Form

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A 149	Continued From pa	адв 2	A 149			
	A review of the aut thru 10/19/2015 re pressure recorded	oclave load log from 9/29/2015 vealed no temperature, lime, of on the log.	!		•	
	Health Pathology 1 only record of train	ord tilled, "Whole Women's Fraining Checklist" revealed the ing for Staff #3. There was no itlon of sterile Instruments.				
	Decontamination,	cy titled, "Procedure Disinfection, Sterilization, and Supplies" revealed the				
	sterile unless the phas a broken seal, suspected of being packaged items waccording to the markage is torn, was al, or is damage the sterile area for B. The indicator tainside of the pack instruments are us change the pack warea for reprocess packs/pouches from C. If instruments a unwrapped an Indiplaced in the tray a MD along with the D. Sterillzed Items	kaged properly will remain backege becomes wet or torn, is dameged in some way, or is geompromised. Commercially ill be considered sterile ranufacturer's instructions. Il be inspected before use. If a et, discolored, has a broken d, the item will be returned to reprocessing/sterilizing, pe on the outside and on the will be checked before the red. If the indicator tape did not will be returned to the sterile ing/sterilizing. The other in that load will be checked. The control of the sterile cator tape or strip will be and presented to the providing and presented to the providing				

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A 149	maintain cleanlines physical damege. F. Sterilized Items area. This erea has restricted access. G. Sterilized Items and positioned so bent, compressed, ensure the packag. An interview with S approximately 3:00 findings and the postaff #3 was asked had on the steriliza stated, "I just shadd days." The interview staff member was	will be transported as to so and sterility and to prevent will be stored in the sterile controlled ventilation and here will be packed in the sterilizer the peckaging is not crushed, or punctured in order to				
A 197	TAC 139.48(1)(A) Requirements The physical and eralicensed abortion (1) A facility shall: (A) have a safe and properly constructe to protect the health staff at all times; This Requirement is Based on observetion.	Physical & Environmental Invironmental requirements for facility are as follows. I sanitary environment, id, equipped, and maintained in and safety of patients and safety of patients and in and interview, the facility is and sanitary environment.	A 197	A197 The Clinic Administrator will be responsible for ensuring the phy and environmental requirement facility are strictly followed.	sical	11/30/15

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A 197	Continued From pa	age 4	A 197	Leboratory Area: All patient sup		11/11/19
		he facility on 10/21/2015 at		have been removed from the cab		
		10 AM the following		under the sink, and have been sto	ored in	
}	environmental issu 	es were observed:		a plastic container on a separate		
				cabinet. The peckaging that was		
	The findings includ	ed:		with betadine "brown substance"	" has	
	Laboraton: Arcos			been removed from the lab and		
	Laboratory Area:			properly disposed. An infection		
	Patient lab supplie	s were being stored under the		training outlining the proper me		
		m. Observed a brown		store laboratory supplies was fac-		
}		ents' supplies and on the floor nich appeared to be a leak.		for staff on 11/11/15, and the rec		
}		non appoints to be a locati		have been failed in the each staff	`s	
	Pathology Room:			personnel record.		
	Observed some ty	pe of soap being stored in the		Recovery Room: The oxygen tar	nk har	11/11/15
<u> </u>		nat container on the pathology		been moved to a safer place away		11/11/13
		ater on the cabinet surface are placed to dry. The		risk of being knocked down by p		
j .		her phone down on the cabinet	İ	visitors, or staff.	atiento	
	In the water during	the tour and stated "Oh that's		7101010, 01 00111.		
	wet."	om beside the Blohazard		Laundry Room: The Laundry ro	om has	11/12/19
		board box sitting on the floor		been re organized with the inten-		
	was the blue wrap	for the surgical instruments.		maintaining a clear separation be		
		om (what the facility calls the		the dirty linens, and the clean lat		
		nother box of the blue wrep in litting on the floor. The	İ	All janitorial supplies have been	•	
		tion were being examined and	ĺ	properly stored in a closest desig	nated	
	contaminated Instr	uments were being washed in		for janitorial supplies.		
		ne width of area discussed was et that separated clean from		,		
	dirty.	er mer sehareren dean nom		Physical walk through of the faci	lity:	11/30/15
	A fan was sitting or	top of the surgical trays on		The exam tables, and suction ma		
		r the cabinet In the Pathology		will be refurbished to address the	e	
	room.			peeling paint, and the ceiling tile	with	
		om 15 gallons of Cidex,	- 1	the 3 inch water mark in the lab	will be	
SOO - State		, and bleach were being stored	<u></u>	replaced.		

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Texas D	epartment of State I	lealth Services				· · · · · · · · · · · · · · · · · · ·
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		140007	a. WING	· · · · · · · · · · · · · · · · · · ·	10/2	21/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY.	STATE, ZIP CODE	-	
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A 197	Continued From pa	age 5	A 197	In order to monitor compliance	with	
	directly on the floor	•		the physical an environmental		
	Petient Storage Clo	oset:	Ì	requirements for the facility, the		
				Administrator will perform a w		
	are stored it was of	closet, where patient supplies observed there were sanitary		through of the physical plant or		
	pads on the floor. [oust particles were on the floor		weekly basis to ensure all supply	es are	
	next to the sanitary	pads along with a biohazard	l	properly stored, ad equipment a instruments are in optimum co		
	patient supplies we	re open on the shelves, end it		modulities are in opinium co.	idition.	
	was observed that	there were card board				1
	patient supplies. Al	the shelves beside the open so, there were card board		İ		
	shipping boxes stor	ed on top of the open patient]		
	lnsects, end micro	rd boxes can harbor parasites,				
	"External shipping of	containers have been exposed				
	to unknown and por	tentially high microhial				
	those made of corn	shipping cartons, especially agated material; serve as		Ì		
	generators of end re	eservoirs for dust." (AAM1 i				
	ST46-Section 5.2 R	eceiving items).			I	
	Recovery Room:					
	During the tour of th	e recovery room on				
	10/20/2015 at 3:00	PM observed 2 card hoard			ſ	
	The boxes were full	he floor of the recovery room. of patients' supplies (blue				
	pads). The lid was o	pen to the boxes making it				1
	available for contam	Inants to enter the boxes.				
	There was an oxyge	n tank sitting on the floor in				
1	the recovery area w	th a holder. The oxygen tank				
1	was beside the water	r fountain, which made it				f
	and family members	ocked over by staff, patients,				ļ
1						
	An interview with Sta PM confirmed the at	off #1 on 10/20/2015 at 3:00				
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Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired

Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic linked <u>to</u> thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information.

Ø "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions. "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon. Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls. "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry.

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, H.B. 2. Among other limits on abortion, the bill <u>imposed</u> requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers</u>, a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure,"

 \sim Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in a WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more "The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions," wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, warned that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com.

Follow @CharlesFLehmen

Exhibit 7.1 Legal Opinion to ISDH

PRINTED: 12/29/2016 FORM APPROVED

STATEMEN	apariment of State 1 IT OF DEPICIENCIES OF CORRECTION	Beelth Services (X1) PROVICER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MILLIE A. GLIEDIN	PLE CONSTRUCTION 9:	(X3) DATE BURVEY COMPLETED
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A 000	Note: The State For document. All Information, All Information, correction, correction, correction, correction, correction, correction, correction, correction, correction, and learn of the provider/supplier, the should be notified in the An unannounced violated to determine comparts of the content of the corrector of Clinic State Licensing An entrance confer Director of Clinic State Licensing An entrance confer Director of Clinic State Licensing An entrance confer Director of Clinic State Licensing An exit conference with the Director of were cited. The fec	rm is an official, lagal mation must remain for entering the plan of on dates, and the signature parcy in the original deficiency iterred to the Office of the neral (OAG) for possible fraud, dvertently changed by the ne State Survey Agency (SA)	A 1000	(1captall) f- 1 5 16	
	(3) the employee un not limited to, the fo (A) coordination and	derstands, et e minimum but iderstands, et e minimum but illowing: d treatment of petient care; infection control policles; rvinformation:	A 149	A149 The Clinic Administrator will be responsible for ensuring all personstition in the pathology lab has through the appropriate orientat process, training and demonstrate ompetency on decontamination sterilization techniques.	onnel gone ion te
ARON	5711	ENTATIVE'S SIGN	LU LCA	Much James	(x6) DATE 12/08/15 If continuation sheet 1 of 22

Texas Department of State Health Services STATEMENT OF OFFICIENCIES ANO PLAN OF CORRECTION (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. GUILDING: 140007 A WING 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF CEFIC IENCIES (X4) IO PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFIX JEACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) A 149 Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization This Requirement is not met es evidenced by: pouches, therefore according to the Based on observation, record review, and surveyor allowing contaminated air to interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no was trained in the sterilizetion process of surgical indication of infection control hazard to Instruments. patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 at 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile instruments packaged in peel pouches which an increase of infection rate. were being stored in a plastic container with no ild. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The peel pouches were observed to have water stains November 30th, 2015. Staff will be or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel reading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line where the pouches are to be folded. The pouches techniques, during the training the were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peet proper wey to wrap, pack and sterilize pouches were observed to be crushed, bent, and instruments, by the end of the training compressed in the plastic container, which had no lid and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not labeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide will be documented and filed in the recommends no more than 1.8 lbs., if using the appropriate trey and pouches may not be staff's personnel record. stacked, it was observed in the sterilizer e load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the Clinic Administrator will perform sterilizer to separate the instruments. The instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOO - State Form

_Texas De	epariment of State I	lealth Services			IVAL OATE	CHONEY
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. OUTLOING:			
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		140007	B. WING		1 10/3	21/2015
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		4025 E 5		S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O	NE SAN ANTANIA	IONIO, TX 78			
				PROVIDER'S PLAN OF CORRE	CTION	(X5)
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TAG	REQULATORY OR I	SC IOENTIFYING INFORMATION)	TAO	CROSS-REFERENCED TO THE API DEPICIENCY)	PROPRIATE	DATE
				221 (5/21(5/)		
A 149	Continued From pa	age 2	A 149			
	•					
\						
	A review of the aut	oclave loed log from 9/29/2015	; l			
		vealed no temperature, time, o				
1	pressure recorded		1			
		ord titled, "Whole Women's				1
		Fraining Checklist" reveated the ing for Staff #3. There was no	1			
		ition of sterile instruments.		}		1
1	(tellining off ateriniza	idon of atomic mattaments.				
1	Review of the pollo	y titled, "Procedure	1	i]
	Decontamination,	Disinfection, Sterilization, and	1			
		Supplies" revealed the	1			
	following:		1			
1	"Maintenance of S	torllih:	j)		
		kaged properly will remain				
	sterile unless the p	ackege becomes wet or torn,		Í		ľ
	has a broken seal,	Is damaged in some way, or is	3	1		
	euspected of being	compromised. Commercially				i
		Il be considered sterile				
		enufacturer's instructions.	1			
		Il be Inspected before use. If a et, discolored, has a broken	1			
		d, the item will be returned to	1	1		
		reprocessing/sterilizing.				ĺ
	B. The Indicator ta	pe on the outside and on the				
		will be checked before the				
		ed. If the Indicator tape did not	.]			
<u> </u>	change the pack w	ill be returned to the sterile				
	area for reprocessi	Ing/sterllizing. The other m that load wilt be checked.				
		ri (filash") sterilized		l		
		cator tope or strip will be				
		and presented to the providing		1		
	MD along with the			İ		
	D. Sterilized Items	will be handled in a manner	1			
		romise the packaging of the				
000 Shelo	product.		1			

Texas Department of State Heelth Services (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETEO IDENTIFICATION NUMBER A. BUILOING: e. WING_ 10/21/2015 140007 STREET ADORESS, CITY, STATE, ZIP COOE NAME OF PROVIDER OR SUPPLIER 4028 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE SUMMARY STATEMENT OF CEFICIENCIES (EACH DEFICIENCY MUST BE PRECECED BY FULL (X5) COMPLETE DATE IO PREFIX (X4) ID PREFIX REGULATORY OR LSC ICENTIFYING INFORMATION) TAG TAO DEFICIENCY) A 149 A 149 Continued From page 3 E. Sterllized items will be transported as to maintain cleanliness and sterility and to prevent physical damege. F. Sterilized items will be stored in the sterile area. This area hes controlled ventilation and has restricted access. G. Sterllized Items will be packed in the sterllizers and positioned so the peckaging is not crushed, bent, compressed, or punctured in order to ensure the packages' sterility." An interview with Staff #3 on 10/20/2015 at approximately 3:00 PM confirmed the above findings and the policy was not being followed. Staff #3 was asked what type of training have you had on the sterilization of instruments. Staff #3 stated, "I just shadowed someone for couple of days." The interview with Staff #3 revealed the staff member was still not knowledgeable in the proper procedure of sterilizing instruments. A 197 TAC 139.48(1)(A) Physical & Environmental A 197 11/30/15 A197 Requirements The physical and environmental requirements for The Clinic Administrator will be a licensed abortion facility are as follows. responsible for ensuring the physical (1) A facility shall: and environmental requirements for the (A) have a safe and sanltary environment, properly constructed, equipped, and maintained facility are strictly followed. to protect the health and safety of patients and staff at all times; This Requirement is not met as evidenced by: Based on observation and Interview, the facility failed to provide sefe and sanitary environment.

Texas De	partment of State F	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) GATE	
ANOPLAN	OF CORRECTION	IOENTIFICATION NUMBER	A. OUILOING);	COMP	LETEU
		140007	B. WING		10/2	1/2015
NAME OF F	PROVIDER OR SUPPLIER		ORESS, CITY.	STATE, ZIP CODE		
		4025 E S		IS BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH C		ONIO, TX 7			
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A 197	Continued From pa	age 4	A 197	Laboratory Area: All patient su		11/11/15
		the facility on 10/21/2015 at		have been removed from the cal	oinet	
		00 AM the following		under the sink, and have been si	tored in	
	environmental issu	ies were observed:		a plastic container on a separate	:	
				cabinet. The packaging that was		
	The findings includ	led:		with betadine "brown substance	" has	
	Laboratory Area:			been removed from the lab and		
	Laboratory Arda.			properly disposed. An infection		
		s were being stored under the		training outlining the proper m		
		m. Observed a brown		store laboratory supplies was fac-		
		ents' supplies and on the floor along the appeared to be a leak.		for staff on 11/11/15, and the re		
				have been falled in the each staf	t's	
	Pathology Room:			personnel record.		
	Observed some ty	pe of soap being stored in the		Recovery Room: The oxygen ta	nle boo	11/11/15
		nal container on the pathology		been moved to a safer place awa		11/11/13
		ater on the cabinet surface are placed to dry. The		risk of being knocked down by		
		ner phone down on the cabinet		visitors, or staff.	Parietto	
	In the water during	the tour and stated "Oh that's		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	wet." In the Pathology <i>r</i> o	om beside the Blohazard		Laundry Room: The Laundry r	oom has	11/12/15
		board box sitting on the floor		been re organized with the inter		
		for the surgical instruments.	1	maintaining a clear separation b	etween	
		om (what the facility calls the nother box of the blue wrap in		the dirty linens, and the clean la	undry.	
		Itting on the floor. The		All janitorial supplies have been	ĺ	
	products of concep	ation were being examined and		properly stored in a closest design	gnated	
	contaminated Instru	uments were being washed in he width of area discussed was		for janitorial supplies.		
		et that separated clean from				
	dirty.			Physical walk through of the fac		11/30/15
	A fan was sitting or	top of the surgical trays on		The exam tables, and suction m		
	room.	r the cabinet in the Pathology		will be refurbished to address th		
				peeling paint, and the ceiling til		
		om 15 gallons of Cidex,		the 3 inch water mark in the lab	will be	
SOO - State		, and bleach were being stored		replaced.		

Texas Department of State Health Services (X1) PROVIOER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY IOENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PREFIX IO PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCEO TO THE APPROPRIATE DATE TAG TAG **OEFICIENCY** A 197 Continued From page 5 A 197 In order to monitor compliance with directly on the floor. the physical an environmental requirements for the facility, the Petient Storage Closet: Administrator will perform a walk-In the patient cere closet, where patient supplies through of the physical plant on a are stored it was observed there were sanitery weekly basis to ensure all supplies are pads on the floor. Dust particles were on the floor properly stored, ad equipment and next to the sanitary pads along with a biohazard sharps container and card board boxes. The instruments are in optimum condition. patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Cerd board boxes can harbor parasites, insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of and reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room; During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room. The boxes were full of patients' supplies (blue pads). The ild was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings. SOO - State Form

Texas De	partment of State F	tealth Services	IX2) MAINTIPLE	CONSTRUCTION	(X3) OATE S	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETEO
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		<u> </u>	ORESS, CITY, S	TATE ZIP COOF		
NAME OF F	ROVIDER OR SUPPLIER			BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O		ONIO, TX 78			
		ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECT		(X5)
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TAO	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
			A 197			
A 197	Continued From pa	ige 6	W 19/			
			1		Ï	
	Launday Pager					
	Laundry Room:					
	During e tour of the	e fecility on 10/20/15 and				
		rvey card board shipping boxes				
		it of the (2) soiled linen for in the laundry area. There				
		h contained paper towels and				
	bathroom tissue st	acked in front of the soiled	1			
1	linen hamper, and	the washer and dryer. In this				1
		from the soiled linen cart	[
	where nations down	eet) was an open wire rack ns, physicians 'scrubs, and				
	patient blankets w	ere being stored. There were				
İ	no barriers on the	bottom shelf and no cover ove	r			
		ne shelf with the clothing items				
		Above the patient gowns,				
		, and patient blankets were towel rolls. There was clothing				
		ρ of the dryer along with boxes				
	of fabric softener.	Beside the dryer was another				
1	solled finen hamps	er that had a shipping box on				
]		mper. Observed that all 3 linen id linen in them. The linen				
		abeled with biohazard label.	1			
		stayed cluttered with shipping				
1	boxes and observe	ed that none of the staff				}
		r moved or cleaned the area				
	during the 2 day st	urvey. Staff #1 on 10/21/2015 at				
		10 PM confirmed the above				
		tated, "The boxes are here				
	because we just g					
		ge in the laundry area during				
	the survey dates o	1 10/20-21/2015,				
	Tour of the facility	on 10/20/15, the following				
	observations were	made:				
	-Through out the fa	acility, base boards were lifting				<u> </u>

	NT OF CERICIENCIES OF CORRECTION	(X1) PROVIOENSUPPLIENCLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETEO
		140007	B, WING_		<u>0/21/2</u> 015
VAME OF	PROVICER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP COOE	<u> </u>
NHOLE	WOMANS HEALTH O	E SAN ANTONIO 4025 E		SS BLVED BLDG 5 SUITE 30	
(X4) IO PREFIX TAG	(EACH OFFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL O BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)	COMPL DAT
A 197	Continued From pa	ige 7	A 197		
	observed along the - in the recovery roaround each drawe handles. - In the procedure r	ms and "yellowing dirt" was base of the baseboards. om, the exam teble had rust or end around the drawer oom-Amella:			
	peeling paint. In the procedure ro The emesis basins, stored under the sin	used for patients, were			
	machine had fallen covered in dust. In the Lab room: A ceiling tile had wa -The crash cart in th covered in dust.	e hallway of the facility was			
	interview on 10/20/1 confirmed the above	5 with the staff S#1, findings.			
A 213	TAC 139.49(b)(1)(A) Standards	(I)(II) infection Control	A213	A213	11/30/1
1	comply with universa defined in this paragi (i) Universal/standam procedures for disinf reusable medical dev	d precautions includes ection and sterilization of vices and the appropriate		The Clinic Administrator will be responsible for ensuring all infection control standards are accurately followed.	
t (he use of protective tisposal of needles a ii) Universal/standard najor points of universal/standard najor points of universal/standard	oi, Including hand washing, barriers, and the use and and other sharp instruments. If precautions synthesize the sal precautions with the nee precautions end apply activing care in facilities,	 t (Whole Woman's Health of San Antonion has developed a performance record for the usage of Manual Vacuum Aspirator (MVA) in order to track the usage and performance of the MVA's in rotation. See log attached)	

Texas Department of Stete Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION		(X3) DATE SU COMPLET	3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A, BUILDING:			
		140007	B. WING 10/2			2015
NAME OF I	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
	WOMANS HEALTH C		OUTHCROS ONIO, TX 7	S BLVED BLDG & SUITE 30 8222		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETE DATE
A 213	Continued From page	age 8	A 213	The medical director will cond		
	recardless of their	diagnosis or presumed		inspection of all MVA's in rota	tion to	
	infection status.			assess their current condition a		
[for replacement. This audit wil	1 be	
	This Requirement	is not met as evidenced by:]	documented and kept in the	13.687.43	
	Based on observa	tion, record review, and		performance record binder. Al		
	interview, the facili	lty falled to maintain		devises will be stored in a close	a piastic	
	Vacuum Application	rds for the usage of the Manual n (handheld syringe used for		container before use.		
1	manual evacuation	n for an abortion). Also, the			d bur tha	
	facility falled to foll	low their own policy processing		A staff training will be provide	a by the	
	the Ipas MVA Plus	•		Director of Clinical Services to		
	A review of record	s revealed no documentation	9	the staff understand the proces		
		s keeping records of how many		decontaminate and sterilize the		
	times the MVA had		1	devises, as well as the steps to it		
	A roulous of the m	anufactures' guideline on the		them before use and documen	tine	
1	Ipas MVA revealed			number of times it is used.		
	"Providers can che	oose the				
		ration method that best results		In order to ensure compliance	with this	
	their practice. As	a guldeline, the ipas MVA Plus een 25-50 times when following		requirement, the Clinic Admir	istrator	
1		ng Instructions provided in its		will conduct a monthly audit of		
	package insert. W	hichever method of		performance record log as wel	r as me	
1		zation is chosen, the Ipas MVA		condition of the MVA's.		
	MVA nine shows o	cted before next use, if the Ipas igns of damage or is not				
1	functioning proper	ty, it should be discarded."				
	During a tour of th	e facility on 10/20/2015 at	1			
		ed multiple MVA's on the				
		sing station in an open lid. Also, observed a MVA lying				
	on the second she	elf of a rolling cart. The MVA		***************************************		
	was lying on an or	en surface with no cover over]			
		was used to carry supplies in	1			
	and out of the pro-	cedure room. cillty policy titled, "Procedure	1			
	Decontamination,	DisInfection, SterIlization, and				
	Storage of Sterlle	Supplies" revealed the				

lexas D	Texas Depertment of State Heelth Services								
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER'SUPPLIER'CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	COMPLETEO				
		140007	e. WING_		10/21/2015				
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY.	STATE, ZIP CODE					
		- 4025 E S	OUTHCROS	S BLVED BLDG 5 SUITE 30					
MHOLE	Womans Health O	r san an Iuniu san an'	ronio, TX 7	78222					
(X4) ID PREFIX TAG	(EACH OEFICIENC)	ITEMENT OF OEFICIENCIES Y MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROI OEFICIENCY)	O BE COMPLETE				
A 213	Continued From pa	ige 9	A 213						
	following:								
	"Cleaning and Prod	essing the Ipas MVA Plus:							
	warm water and de preferable to soap, an alternative, an e specifically designe	g all surfaces thoroughly in tergent. Detergent is which can leave a residue. As nzymatic cleaner, a solution ed to clean blood and tissue ments, can be used.							
	parts in the soak fo on the bottle. Ipas r OPA, or Sporox tl, I Facility's approved	sinfectant soak, place all the r the amount of time directed recommends Cldex or Cldex nowever, Cldex OPA is the disinfectant soak, ipas MVAs OPA for at least 12 minutes.							
	50 times when fotto instructions. The to inspected before ne	s can be used between 25 and wing the ipas processing as MVA shoutd always be extuse, and should be gns of damage or is not							
	*Aspirators need to containers or packa and other contamir	be stored in dry, covered ges to protect them from dust nants."							
	AM confirmed the fa	aff #1 on 10/21/2015 at 10:30 acility was not keeping a times the MVA had been		A242					
A 242	Standards)(i)(li) Infection Control	A 242	The Clinic Administrator will be responsible for ensuring all infec control standards are being follo	tion 11/30/15 wed by				
		es to be sterilized shall be		ensuring the sterilization proced strictly monitored.					
OD - State F	om								

Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA (X3) OATE SURVEY STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B, WINO 10/21/2015 140007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) IO PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LEC IDENTIFYING INFORMATION) TAG TAO DEFICIENCY A 242 A 242 Continued From page 10 All instruments have been re sterilized packaged in materials recommended for the and the date, time, load # and autoclave specific type of sterilizer and material to be ID has been documented on each pouch sterilized, and to provide an effective barrier to and pack. microorganisms. Acceptable packeging includes peel pouches, perforated metal trays, or rigid trays, Muslin packs shell be limited in size to 12 11/30/15 The Director of Clinical services will Inches by 12 inches by 20 inches with a facilitate an infection control training on maximum weight of 12 pounds. Wrapped November 30th, 2015 staff will be instrument trays shall not exceed 17 pounds. (ii) All Items shall be labeled for each sterilizer required to prepare for this training by load as to the dete and time of sterilization, the reading WWH policy for sterilizing load number, end the autoclave. decontamination and Sterilization techniques. During the training, the This Requirement is not met as evidenced by: designated trainer will show the staff the Based on observation, record review, and proper way to wrap, pack, and label interview, the facility failed to document on the instruments to be sterilized. By the end instrument packages the following: the date and of the training the staff will be asked to time of sterilizing, sterilizing load number, and the Identification of the autoclave used. perform each one of these steps while evaluated by the trainer. A competency Observed during the tour of the sterilization room checklist will be documented and filed on 10/20/2015 et approximately 10:14 AM the peel pouches in the plastic container and the peel in the staff's personnel record. pouches that were being removed from the autoclave were not labeled with date and time In order to ensure compliance, the sterilized, sterilizing load number, and the Clinic Administrator will perform identification of the autoclave used. The wrapped randomized tracer to address staff's instruments that were removed from the autoclave were not lebeled with date and time competency and follow through of our sterilized, sterilizing load number, and the policies and address training needs. Identification of the autocleve used. An interview with the Staff #3 on 10/20/2015 at 11:00 AM confirmed the above findings. TAC 139.49(d)(5)(F)(lil)(iv)(v) Infection Control A 245 A 245 11/30/15 Stenderds SOD - State Form

14140 **	epartment of State F				()40) 545-1	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIOER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:]	-150
		140007	e, WING		10/2	1/2015
	ROVIOER OR SUPPLIER	eyper to	DDECC CITY	STATE, ZIP COCE		
NAME OF	-HOAMEN ON BUFFILEN					
WHOLE	WOMANS HEALTH O	E SAN ANTONIO	ONIO, TX 7	S BLVED BLDG 5 SUITE 30 8222		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.0 BE	(X5) COMPLETE DATE
A 245	(F) Blological Indica (III) A log shall be m identification, blological identification of the (IV) If a test is posit immediately be tek malfunctioning ster use until it has bee tested according to recommendations. (V) All available iter reprocessed if a ste	ators. altors. 245	A245 The Clinic Administrator will b responsible for ensuring all infe control standards are met by en the Biological Indicator (BI) log completed and accurate. All BI test performed after the s conducted on 10/21/15 have becaccurately documented on the I	ction suring is urvey	11/30/15 10/21/15	
	list of all Items which regative blological submitted to the ad	th were used after the last indicator test shall be		include time and load ID, conte the 24 hr reading with the time run.	nts, and it was	
	Based on observation interview, the facility blological indicators identification, and contact facility failed to folio	ion, record review, and y falled to maintain a log for a (BI) that included time, load ontents of the load. Also, the		The Director of Clinical Service facilitate a training for all staff win the pathology lab on how to a biological indicators (BI) and he properly document the test and	orking run ow to results	
	Findings include: Observation on 10/ a "Pathology" room autoclave.	20/2015 at 10:15 AM revealed with one (1) Pelton Delta Q		of the spore test. The Director of Services will observe each staff re BI test and document it on the l The Clinic Administrator will n	un the og.	
SOO - Stale	AM stated she was person responsible stated, "I run a biolo the 1st load every day a review of the recording on 10/20/2018 following: the time the autoclave was left by	aff #3 on 10/20/2015 at 10:15 a medical assistant and the for the autoclave. Staff #3 glcal indicator (Bt) test with ay that the eutoclave is ran." Indicator (Bt) test with ay that the eutoclave is ran." Indicator 5 at 11:00 AM revealed the he biological was placed in the lank and the time the		compliance with this standards conducting an audit of the steril and BI logs on a monthly basis to adequate competency, and addratraining needs.	by ization o ensure	

Texas De partment of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER: 140007		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) OATE SURVEY COMPLETEO 10/21/2015		
	PROVIDER OR SUPPLIER	E CAN ANTONIO 4025 E SC		STATE, ZIP COOE S BLVED BLDG 5 SUITE 30 8222		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF OEFICIENCIES Y MUST GE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	0 BE	(X5) COMPLETE OATE
A 245	biological was read Also, the load Identificed was not docur A review of the log revealed the control A review of facility Pathology reveale "Biological tudicate The efficacy of the monitored with relik Becilius stearother type of sterilizer us A. These indicators each day of use per B. A log will be medidentification of the C. If a test is positification of the C. If a t	I 24 hours tater was left blank. Itification and contents of the mented on the biological log. for the date 9/30/2015 oil biological was left blank. It biological was left blank. It biological was left blank. It biological was left blank. It biological was left blank. It biological indicators will be able biological indicators. (i.e. mophilius) appropriate for the ed. It biological indicators will be included in one run or sterilizer, intained with the load gleal indicator results, and contents of the load. It is will be included and will not one out of service and will not revice until that been serviced.	A 245	A 247		
A 247	Standards (H) Maintenance of (i) Items that are pr shall remain sterile package becomes	f)(t)(ll)(lll) Infection Control sterility. operly packaged and sterilized indefinitely unless the wet or torn, has a broken seal, e way, or is suspected of	A 247	The Clinic Administrator will be responsible for ensuring all Infe Control Standards are accuratel followed by ensuring medication therapy protocol is followed.	ction y	11/30/15

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. SUILGING: _ B. WINO 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX IO PREFIX (X5) COMPLETE (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG OEF(CIENCY) A 247 Continued From page 13 A 247 The unused lidocaine syringe found on being compromised. the rolling cart in the pathology room (II) Medication or materials within a package that from the previous surgery day was deteriorate with the passage of time shall be immediately disposed of. dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use, if The Clinical coordinator performed a a package is tom, wet, discolored, has a broken thorough check of all procedure rooms, seal, or is damaged, the item may not be used. pathology lab and nurse's station to The item shall be returned to sterile processing ensure there are no unused medications. for reprocessing. An in service will be facilitated to all surgical staff in order to ensure their This Requirement is not met as evidenced by: understanding on the proper way to Based on observation and interview, the facility prepare medications for each day of failed to discard medication not administered in e timely manner. services, and how to dispose of all During a tour of the facility with the Administrator unused medications at the end of on 10/21/2015 at 9:46 AM observed a syringe on session. the second shelf of a rolling cart in the Pathology room. There were no staff members in the room. The Administrator was asked what is that syringe The Clinical Coordinator will be for and why was the syringe left unattended. The responsible for ensuring this practice is Administrator stated, "It was for today's procedure," Surveyor showed the syringe to the strictly followed, by conducting an end Administrator and the syringe was labeled of day walk through and check of each "Lidocalne 10/20/2015." The syringe had been left procedure room, pathology lab, and from the the previous day procedures. nurses station. Findings will be An interview with the Administrator on 10/21/2015 immediately communicated to the at 9:46 AM confirmed the above findings. Clinic Administrator. A 249 TAC 139,49(d)(5)(J)(I)(II)(III)(IV) Infection Control A 249 11/30/15 Standards A249 12/9/15 J) Storage of sterillzed items. The loss of sterillty The Clinic Administrator will be is event related, not time related. The facility shall responsible for ensuring all infection ensure proper storage and handling of items in a menner that does not compromise the packaging control standards are accurately of the product. followed. (i) Sterillzed items shall be transported so as to SOO - State Form

Texas De	partment of State I-	lealth Services	T CONCTOLICTION	(X3) OATE S	URVEY		
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIENCEN	(XZ) MOLTHEL BONG ING			COMPLETEO	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:				
		140007	8. WING		10/21	/2015	
				77.77.77.77.77.77.77.77.77.77.77.77.77.			
NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE			
	MONANO PERATE			S BLVED BLDG 5 SUITE 30			
WHOLE '	WOMANS HEALTH C	SAN ANTO	ONIO, TX				
043.15	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE	
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECECEO BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU		DATE	
TAG			TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
A 249	Continued From pa	age 14	A 249	The Clinic Administrator along	g with the		
		ss end sterility and to prevent		staff trained to work in the pati	ology		
	meintain cieaniine: physical damage.	as also stocking also to breadily		and sterilization lab, have reorg	anized		
,	(II) Sterilized items	shall be stored in		the area and identified storage			
		ited access areas with			opuoc		
1	controlled tempera			outside of the pathology and			
1	(ill) Sterilized Items	s shall be positioned so that the		sterilization room. They have			
	packeging is not co	rushed, bent, compressed, or		designated storage space on the	e surgical		
	punctured so that	their sterility is not		hall closet in order to adequate	ly stack		
ļ	compromised.			sterilized pouches in a position			
		plies shall be in areas that are		being crushed, bent, compress			
	designated for stor	rage.			-11 01		
				punctured.			
1	This Regularement	is not met as evidenced by:					
		tion, and interview, the facility	1	In addition a staff in service wi			
		pouches in a position that was		facilitated to ensure staff under	rstands		
	free of being crush	ned, bent, compressed, or		how to properly store packs an			
	punctured.	to the country of the country of the		pouches.	_		
				pouches.			
	FINDINGS:				1.1		
				In order to monitor compliance	e with		
1		e facility on 10/20/2015,		this requirement, the Clinic			
		hes were stored in a plastic		Administrator will conduct ra	ndom		
	container in the pa	athology room. Also, the peel		weekly inspections of the steri			
		nd in a blue tote bag on a rolling		stored instruments. Findings v			
		for storage of the sterile	1				
1	Instruments.			addressed during quality assur	ance		
	Approximately an	peel packs were crushed and		meetings.			
		plastic container which had no					
	lid and was stored	in the pathology room, where					
	products of conce	ption were examined and					
		ruments were washed. The	1				
		e designated for storage of]			1	
-	sterile peel pouch			ļ			
1			1	}			
		Staff #3 on 10/20/2015 at					
İ		00 AM confirmed the above					
	findings.						
SOO - State	Earn		<u> </u>			<u> </u>	
マンマ・5日(6	FOIR						

140007 STREET ADDRESS, CITY, STATE, ZIP CODE	Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) OATE 5 COMPL		URVEY ETEO		
NAME OF PROVIDER OR SUPPLIER WHOLE WOMANS HEALTH OF SAN ANTONIO PREFEX (PACH) TAO SUMMARY STATEMENT OF OFFICIENCIES TAO SUMMARY STATEMENT OF OFFICIENCIES (PACH) PREFEX (PACH) TAO CROSS REFERENCED TO THE APPROPRIATE OFFICIENCIES TAO A 255 A 255 A 255 A 255 A 255 TAC 139.49(d)(5)(K)(I)(II)(III) Infection Control Standards (K) Disinfectants shall be followed. (I) An expiration dete, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (III) Disinfectants isolutions shall be kept covered and used in well-ventilated areas. This Requirement is not met as evidenced by: Based on observation, record review, and Interview, the fecility falled to follow the manufacturer's written instructione for the use of cold disinfectant (Cidox) utilized on surgical instruments. Also, the facility falled to follow the facility for the disinfection of surgical instruments. Findings: During the bour of the Pathology room on 10/21/21 at 9-47 AM revealed a large clear plastic container labeled Cidex. There was a galent of open Cidex with no label as to when the container was a poen. There was a glass suction jar's full with a green liquid substance and written on the side of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was no label of date of the glass jar was Cidex. There was a glass of the glass of the	AND PLAN	ND PENGOS COLORESTON		A. BUILOING:			
WHOLE WOMANS HEALTH OF SAN ANTONIO SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF OPERICIENCY OF SAN ANTONIO, TX 78222 PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GE PRECEDED OF YELL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENERAL PROVIDENCY MIST GENER			140007	B. WING 1		10/2	1/2015
WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222	NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		•
A 255 Continued From page 15 A 255	WHOLE	WOMANS HEALTH O	E SAN ANTINILI				
A 255 TAC 139.49(d)(5)(K)(I)(III) Infection Control Standards (K) Disinfection. (i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration dete, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (III) Disinfectant solutions shall be kept covered and used in well-ventilated areas. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow the manufacturer's written instructione for the use of cold disinfectant (Oldex) utilized on surgical instruments. Also, the facility failed to provide a disinfectant tog for the Cldex being utilized in the facility for the disinfection of surgical instruments. Findings: During the lour of the Pathology room on 10/21/21 at 9:47 AM revealed a large clear plastic container labeled Cldex. The container was covered, but there was no label to indicate when the Cldex was mixed. Also, under the sink in the pathology room was a gallon of open Cldex with no label as to when the container was open. There was a glass suction jar ¾ full with a green liquid substance and written on the side of the glass jar was Cldex. There was no label to abled or date when the container was a place of the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date there was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was no label or date the sink in the glass jar was Cldex. There was n	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEOEO BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO	085	
Standards (K) Disinfection. (i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration dete, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (III) Disinfectant solutions shall be kept covered and used in well-ventiliated areas. This Requirement is not met as evidenced by: Based on observation, record review, and Interview, the fecility failed to follow the marufacturer's written instructions for the use of cold disinfectant (Cidex) utilized on surgical instruments. Also, the facility failed to provide a disinfectant log for the Cidex being utilized in the facility for the disinfection of surgical instruments. During the tour of the Pathology room on 10/21/21 at 9:47 AM revealed a large clear plastic container labeled Cidex. The container was covered, but there was no label to indicate when the Cidex was mixed. Also, under the sink in the pathology room was a galion of open Cidex with no label as to when the container was open. There was a glass suction jar ¾ full with a green liquid substance and written on the skide of the glass jar was Cidex. There was no label to indicate the fact in the fact in the fact of the glass jar was Cidex. There was no label or date	A 255	Continued From pa	ıge 15	A 255			
(i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration dete, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (iii) Disinfectant solutions shall be kept covered and used in well-ventillated areas. This Requirement is not met es evidenced by: Based on observation, record review, and interview, the facility failed to follow the marufacturer's written instructione for the use of cold disinfectant (Cidex) utilized on surgical instruments. Also, the facility failed to provide a disinfectant (Cidex) utilized on surgical instruments. Also, the facility failed to provide a disinfectant for the Use of cold disinfectant of the Pathology room on 10/21/21 at 9:47 AM revealed a large clear plastic container labeled Cidex. The container was covered, but there was no label to indicate when the Cidex was mixed. Also, under the sink in the pathology room was a galion of open Cidex with no label as to when the container was open. There was a glass suction jar ¾ full with a green liquid substance and written on the side of the glass jar was Cidex. There was no label or date	A 255		()(I)(II)(III) Infection Control	A 255	A255		11/30/15
During the tour of the Pathology room (where cold disinfectent was located) on 10/20/2015 at		(K) Disinfection. (i) The manufacture use of disinfectants (ii) An expiration de manufacturer's writ be marked on the country of the solution currently in (iii) Disinfectant so and used in well-velocity of the fecility manufacturer's writerview, the fecility manufacturer's writerview, the fecility manufacturer's writerview, the fecility manufacturer's writerview, the fecility manufacturer's writerview, the fecility for the disinfectant log for facility for the disinfectant log facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facili	shall be followed. ste, determined according to the determined according to the recommendations, shall container of disinfection in use. utions shall be kept covered entillated areas. Is not met as evidenced by: ion, record review, and ty failed to follow the iten instructione for the use of idex) utilized on surgical the facility failed to provide a the Cidex being utilized in the fection of surgical instruments. The Pathology room on the revealed a large clear plastic cidex. The container was was no label to indicate when ad. Also, under the sink in the sa gallon of open Cidex with a the container was open. Suction jar ¼ full with a green ad written on the side of the to. There was no label or date d substance was mixed.		responsible for ensuring all infecontrol standards are being followers are being followers. Whole Woman's Health of Sanuses the Metrex disinfection log contains all the information require manufacturer's instructions Attached) This log tracks the date solution expiration and staff preparing sethis log is kept on a binder label Cidex OPA Plus log, and a memorandum directing staff to document on the solution's origination on the solution's origination if expires according to the manufacturer's instructions will included in this binder as well a circulated during the infection of	Antonio which uired by (See prep, olution, ed i, and be s control	

Texas De	Texas Department of State Health Services (X3) DATE SURVEY							
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLA	(X2) MULTIPLE CONSTRUCTION		COMPLETEO			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. OUILOING:					
					1			
		140007	e. WING		10/21	1/2015		
NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP COOE				
				S BLVED BLDG 5 SUITE 30				
WHOLE !	WOMANS HEALTH O	F SAN ANTONIO SAN ANT	ONIO, TX 7	8222				
	OLANAGY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECT	ON	(X5) COMPLETE		
(X4) (O PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LOBE	DATE		
TAO	REGULATORY OR	LSC IDENTIFYING INFORMATION)	DAT	OEFICIENCY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			<u> </u>			-		
A 255	Continued From pa	age 16	A 255	The Cidex solution currently in	use by			
7,200	•	-		the pathology staff has been pla				
	10:45, Staff #3 was	s asked where the cold		the pathology statt has been pla	ldan araad			
	disintectant log wa	s. Staff #3 steted, "I don't have	1	container with a tight lit. The C	idex used			
ļ .	a disintectant log."	During a tour of the Pathology		to disinfect the ultrasound tran				
	room on 10/21/201	15 at 9:50 AM, a disinfectant but the log was blank.		will be placed in a glass jar labe	led with			
	lod was onserved!	Dut the log was claim.	1	date the solution was prepared	and the			
	A review of the loc	titled, "Solution Testing log	1	expiration date.				
1	Sheet for Metricid	e OPA" revealed the date		ехризцоп цаке.				
	solution was open	ed was 10/9/2015 and the				ì		
Į	expiration date wa	s 12/23/2015. The OPA-Cidex		In order to ensure compliance	with this			
	is only stable for 1	4 days from day the solution is		requirement the Administrator	will	ļ		
	mixed. This log loc	cation/department was written		conduct a monthly audit of the				
1	as Path room/Son	ography. Staff #3 was asked or	1	log and a walk through of the p	athology	1		
	10/20/2015 at 10:4	45 AM what was the green		og and a wark untough of the p	aniology			
	substance in the g	liass jar under the sink in the	1	room to ensure this solution is	property			
	Pathology room, S	Staff #3 stated, "I don't know	1	stored and labeled.				
	that belongs to the	e sonographer."	1			i		
i		de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distribuição de la distrib				1		
		anufactures' guideline reveeled				i		
	the following:	Han may be relead for up to a						
		tion may be reused for up to a	1					
	conditions of ortho	ays provided the required phthalaidehyde concentration	1					
	and temperature	exist based upon monitoring	ļ					
	described in the D	Pirection for use. Do not rely	1					
	solely on dev in us	se. Concentration of this produc	tl					
	during its reuse life	e must be verified by the CIDE	(I					
	OPA Solution Test	Strips prior to each use to	[
	determine that the	concentration of	1					
	orto-phthalaidehyd	de if above the MEC of 3%. The						
	Product must be d	liscarded after 14 days.						
		Solution in a well-ventilated area	1	-		1		
	and in closed con	tainers with tight-fitting lids. If						
		on is not provided by the	1					
		loning eystem, use in local	1					
1	exhaust hoods, or	r in ductiess tume	1					
	noods/portable ve	ntilation devices which contain				}		
		ebsorb ortho-phthalaldehyde						
	from the air."	enufactures' guideline on the	1					
	V taking of the me	eliniacini es Anidelli e dil die	<u> </u>	J.,				

Texas De	epartment of Stete F	leain Services				
STATEMEN	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING:		(X3) DATE SURVEY COMPLETEO	
		140007	e.wing		10/21/2015	
NAME OF F	TOWNE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE			STATE, ZIP CODE		
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(X4) ID PREFIX TAO	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF OEFICIENCY)	OBE	(X5) COMPLETE DATE
A 255	Continued From pa	age 17	A 255			
	"Usage: NO ACTIVE Record the date the container lebel, or the solution remainstored for up to 75 does not extend particularly until use Record the date the original container in a log book (separabove), or on a lab container. The solution container can be used if the CIDEX Indicates a concent (Minimum Effective An Interview with the container with the container can be used in the CIDEX.	e solution was poured out of ner into a secondary container arate from the one mentioned pel affixed to the secondary ution in the secondary sed for a period up to 14 days. be discarded efter 14 deys OPA Solution Test Strip stration above the MEC				
A 257	Standards (L) Performance re (ii) Each sterilizer s operation for press desired temperatur be meintained eithe generated and sha (I) the sterilizer idea (II) sterilization data (III) load number; (IV) duration and te	shall be monitored during sure, temperature, and time at re and pressure. A record shall er manually or machine ill include: ntificetion; e and time; emperature of exposure phase sterilizer recording charls);	A 257	A257 The clinic administrator will be responsible for ensuring all infection troil standards are strictly follonsuring the Autoclave Load Lo completed and adequately track performance of the autoclave.	lowed by g is	11/30/15
			<u> </u>			

	Carment of State L	Texas Department of State Health Services (x3) OATE SURVEY								
OXAXEL CL	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. GUILDING:							
AND PLAN)	,	A. GGILOMG.							
		140007	e. WING 1		10/21	/2015				
	FROVIOER OR SUPPLIER		RESS, CITY. S	STATE, ZIP CODE						
		4025 E SO		BLVED BLDG 5 SUITE 30						
WHOLE !	MOMANS HEALTH O		NIO, TX 78	3222						
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)		id Prefix Tag	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE				
A 257	Based on observer interview, the facility performance record operation that includes the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	is not met as evidenced by: tion, record review, and ty falled to maintain ds for the autoclave during ided pressures, temperatures, ed temperature and pressure.	,	Whole Woman's Health of San has updated its Autoclave Load include documentation of temp and pressure of each autoclave operation. Even though this information was not previously documented on the log, the staff sterilizing the instruments alway confirmed that the autoclave we reaching the required temperat	Log to lerature during f ys as indeed ure and					
	Observation on 10 a "Pathology" room autoclave. An Interview with SAM revealed she with the person response.	/20/2015 at 10:15 AM revealed in with one (1) Pelton Delta Q Staff #3 on 10/20/2015 at 10:45 was the medical assistant and sible for the autoclaves. Staff roduce all logs and records for		pressure to ensure decontaminaterility of the instruments. A staff in service will be facilitathe director of clinical services all staff understands the proper document the performance of autoclave foe each load.	ted by to ensure way to					
	records/logs preses show any docume date, time, duratio phase during the cautoclave. A continued interv	cord on 10/20/2015 revealed the ented for the autoclave did not nation of the load identification, n and temperature of exposure operational phase of the lew with Staff #3 confirmed autoclave records available.		In order to monitor compliance this requirement the clinic administrator will conduct a maudit of the autoclave load log address adequate documentation in the complex training needs.	onthly and					
A 258	Standards (L) Performance re (il) Each sterilizer operation for presi	L)((ii)(VI)(VII) Infection Control ecords. shall be monitored during sure, temperature, and time at re and pressure. A record shall	A 258			11/30/15				

Texas Department of State Health Services (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETEO AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 10/21/2015 140007 STREET AODRESS, CITY, STATE, ZIP COOE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF CEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DEFICIENCY) 11/30/15 A 258 A 258 Continued From page 19 A 258 be maintained either menually or machine generated and shall include: The Clinic Administrator will be (VI) results of biological tests end dates responsible for ensuring all infection performed; and control standards are strictly followed. (VII) time-temperature recording charts from Whole Woman's Health of San Antonio each sterilizer (If not provided on sterilizer recording charts). has updated its Autoclave Load Log to include documentation of temperature and pressure of each autoclave during This Requirement is not met as evidenced by: Based on observation, record review, and operation. Even though this interview, the facility failed to maintain information was not previously performance records for the eutoclave during documented on the log, the staff operation that included pressures, temperatures. sterilizing the instruments always and times at desired temperature and pressure. confirmed that the autoclave was indeed reaching the required temperature and Findings include: pressure to ensure decontamination and sterility of the instruments. Observation on 10/20/2015 at 10:15 AM revealed a designated "Pathology" room with one (1) Pelton Delta Q autoclave. A staff in service will be facilitated by the director of clinical services to ensure all An Interview with Staff #3 on 10/20/2015 at 10:45 staff understands the proper way to AM revealed she was the medical essistant and the person responsible for the autoclaves. Steff document the performance of each #3 was asked to produce all logs and records for autoclave foe each load. the eutoclaves. A review of the record on 10/20/2015 revealed the In order to monitor compliance with records/logs presented for the autoclave did not this requirement the clinic administrator show any documentation of the time, duration will conduct a monthly audit of the and temperature of exposure phase during the autoclave load log and address adequate operational phase of the autoclave. documentation. An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the time-temperature from the autoclave.

Texas De	partment of State F T OF DEFICIENCIES	(eaith Services (X1) PROVICER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) OATE					
STATEMENT AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILOING:		COMP	LETED				
				·						
		140007	8. WING		10/2	1/2015				
NAMEGE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
	4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30									
WHOLE	WOMANS HEALTH C	F SAN ANTUNIO SAN ANT	ONIO, TX 78			T				
(X4) (O PREFIX TAG	(FACH DEFICIENC	atement of Oef(Ciencies Y Must Be preceded by Full SC (Dentifying Information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPI DEFICIENCY)	ULD 0E	COMPLETE DATE				
A 259	Continued From pa	age 20	A 259							
A 259	TAC 139,49(d)(5)(M) Infection Control Standards	A 259			11/30/15				
	(M) Preventive ma	Intenance. Preventive sterilizers shall be performed								
	according to Individ	dual policy on a scheduled								
	basis by qualified	personnel, using the sterilizer ryice manual es a reference. A								
		vice manual es a releterice. A				ţ				
	maintained for each	h sterilizer. These records								
	shall be retained a	t least two years end shall be w to the facility within two hours								
	of request by the									
	-,,-,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Based on record r	is not met as evidenced by: eview end interview, the facility preventive maintenance records	3							
	Findings include:									
	Observation on 10 a designated " Pe Pelton Delta Q au	n/20/2015 at 10:15 AM revealed hthology" room with one (1) loclave.								
	AM revealed she the person respon	Staff #3 on 10/20/2015 at 10:45 was the medical assistant and isible for the autoclaves. Staff iroduce all logs and records for								
	records/logs prese	cord on 10/20/2015 revealed the ented for the autoclave did not ontation of the time, duration of exposure phase during the of the autoclave.								
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PRINTED: 12/29/2015 FORM APPROVED

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X5) OATE SURVEY COMPLETED (X6) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X6) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X6) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X7) OATE SURVEY COMPLETED (X8) OATE SURVEY COMPLETED (X9) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X9) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X1) OATE SURVEY COMPLETED (X2) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X2) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X3) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X4) OATE SURVEY COMPLETED (X5) OATE SURVEY COMPLE	Texes Do	Texes Department of State Health Services								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCRDSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222 (XA) ID SUMMARY STATEMENT OF OFFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 259 Continued From page 21 An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the	STATEMEN	IT OF OFFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) OATE S	ETEO			
NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 4025 E SOUTHCRDSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222 (X4) ID SUMMARY STATEMENT OF OFFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 259 Continued From page 21 An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the										
WHOLE WOMANS HEALTH OF SAN ANTONIO 4025 E SOUTHCRDSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222 (XA) ID SUMMARY STATEMENT OF OFFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) A 259 Continued From page 21 An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the			140007	e. WING		10/2	1/2015			
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A 259 Continued From page 21 An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the	WHOLE	WOMANS HEALTH C	IE SAN ANIANIII		3222					
An interview with Staff #3 on 10/20/2015 at 10:45 AM confirmed there were no recordings of the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEOEO BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	OBE	(X5) COMPLETE CATE			
AM confirmed there were no recordings of the	A 259	Continued From pa	age 21	A 259		į				
		An interview with S AM confirmed ther	itsff #3 on 10/20/2015 at 10:45 e were no recordings of the							
SOD, Sigh Form										

Exhibit 7.2 Legal Opinion to ISDH

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		008036	e. WING		10/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AS	OORESS, CITY,	STATE, ZIP COOE	
WHOLE 7	WOMANS HEALTH O	EMCALIENIA	TH MAIN ST EN, TX 7850		
7433.5	SIGNADV CT	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	(X6)
(X4) IO PREFIX TAO	(EACH OFFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OFFICIENCY)	COMPLETE
A 000	TAC 139 Initial Cor	ា ក្រានរាង	A 000	Queptile 1/8/16	
		orm le en official, tegal		1	
İ		mellon must remain			1
ł		for entering the plen of on dates, and the eignature	1		
- 1		pancy in the original deficiency			
		eferred to the Office of the			į.
1		neral (OAG) for possible freud,	}	1	1
		dvertently changed by the ha State Survey Agency (SA)			+
	should be notified to			1	
	An entrance confe	rence was held with the fecility		})
		end enother facility staff	1		}
l		orning of 11/10/15. The iss of the licensure resurvey	ļ		1
		nd an apportunity given for	-		1
	questions.	({		
	Continued licensur approved plan of c	e le recommended, with an orrection.			
1	An exit conference	was held with the facility			
		and another administrative	1		
- 1		g of 11/10/15. Preliminary rey were discussed, and an			12/28/1
	opportunity given for			A126	12/20/1
	-,,			The Clinic Administrator will be	
A 126	TAC 139.41(a) Poli	cy Dsvelopment and Review	A 128	responsible for the conduct of the	1
				facility, and for the implementation,	
		nell be responsible for the		enforcement and monitoring of the	
		nsed abortion facility and shell esponsibility for developing,		written policies governing the facility.	ŀ
		reing, and monitoring written	1		
	policies governing	the facility's total operation.		The clinic Administrator has placed a	
	and for ensuring th	at these policies comply with		purchase order for small red biohazard	1
1	the Act end the app	pilicable provisions of this		bags, as well as small biohazard sticker	s
	health care in a eat	ministered so as to provide e and professionally		as a backup option for storing	
		ment. These written policies		pathological waste in the biohazard	
		Inlmum the following:	1	14	1

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X3) DATE S COMPL	
		008038	e. WING		11/10	/2015
NAME OF P	R-OVIDER OR SUPPLIER			STATE, ZIP CODE		
WHOLE	WOMANS HEALTH O	F MCALLEN LP MC ALLEN	H MAIN STI 1, TX 7850	1	·	
(X4) IO PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE CIATE
A 126	This Requirement Based on e review and interview the fi policles governing provide health care acceptable enviror Findings included: Fecility procedure pathology stated i "10. The staff men into a small biohaz or at the end of a s forts), the staff me another Zipioc and freezer." During a tour of the observed that the freezer contained Ziploc bags contail	is not met as evidenced by: of policies, tour of the facility, acility failed to enforce written the facility's total operation, to a in a safe and professionally ument. entitled, "Procedure for	A 126	An In Service will be facilitated reiterate to staff that when work pathology, the POC should be pa small red biohazard bag to be the freezer, even though all the bags will be placed in a large biobag and container to be transpoof the building. In the event the has to use zip lock bags, a biohasticker will be placed on the out the bag in order to properly ide bag before placing it inside the biohazard freezer. In order to monitor compliance this requirement, the clinic administrator will conduct rand tracers on staff working in the plab, findings will be discussed diquality assurance meetings.	ing laced in stored in small shazard rted out clinic zard side of ntify the with domized pathology	
A 197	Confirmed that all it blohazard bag prior bag and stored in the TAC 139.48(1)(A) Requirements	11/10/15, staff member #2 POC should be placed in a r to being placed in a Ziploo the designated freezer. Physical & Environmental	A 197	A 197 The Clinic Administrator will by the consible for ensuring all phy		01/04/15
EOO . State	a licensed abortion	nvironmental requirements for facility are as follows.		environmental requirements ar accurately followed.	е	

A 197 A 197 Continued From page 2 (1) A facility shali: (A) have a safe and sanitary environment, property constructed, equipped, and maintained to protect the health and safety of patients and staff at all times; This Requirement is not met as evidenced by: Based on observetion and an interview with staff, the facility falled to have a safe and sanitary environment that was maintained to protect the health and safety of patients and staff at all times. Findings were: During a tour of the facility on 11-10-15, the following observations were made: The vinyl cover on the exem table in the sonograph room contained tears, which can harbor bacteria and prevent the exam table from being completely cleaned. Exemination of the medications in the emergency cart revealed 2 vials of Calcium Gluconate 10 % injectable 10 mi with an expiration date of 10/15, 1 bag of Lactated Ringers 500 mi IV with an expiration date of 5/2015, 1 ET Tube with brown discoloration/staining visible on the peckaging, and 1 suction tubing with a torryopen packaging.	Texas Department of State Health Services STATEMENT OF CEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) OATE SU COMPLE	JRVEY TEO
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A 197 A 197 Conlinued From page 2 (1) A facility shall: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times; This Requirement is not met as evidenced by: Based on observetion and an interview with staff, the facility failed to have a safe and sanitary environment that was maintained to protect the health and safety of patients and staff at all times. Findings were: During a tour of the facility on 11-10-15, the following observations were made: - The vinyt cover on the exam table in the sonograph room contained tears, which can harbor bacteria and prevent the exam table from being completely cleaned. - Exemination of the medications in the emergency cart revealed 2 vials of Calcium Gluconate 10 % injectable 10 mi with an expiration date of 10/15, 1 bag of Lactated Ringers 500 mil V with an expiration date of 5/2015, 1 ET Tube with brown discoloration/staining visible on the peckaging, and 1 suction tubing with a torryopen packaging.		WOMANS HEALTH O	F MCALLEN LP 802 SOUT MC ALLE	H MAIN ST	REET 1	ION I	(VE)
(1) A facility shall: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times; This Requirement is not met as evidenced by: Based on observetion and an interview with staff, the facility failed to have a safe and sanitary environment that was maintained to protect the health and safety of patients and staff at all times. Findings were: During a tour of the facility on 11-10-15, the following observations were made: - The vinyl cover on the exem table in the sonograph room contained tears, which can harbor bacteria and prevent the exam table from being completely cleaned. - Exemination of the medications in the emergency cart revealed 2 vials of Calcium Gluconate 10 % (nijectable 10 mi with an expiration date of 10/15, 1 bag of Lactated Ringers 500 mi IV with an expiretion date of 5/2016, 1 ET Tube with brown discoloration/staining visible on the peckaging, and 1 suction tubing with a torn/open packaging.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDEO BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCE OTO THE APPRO	LOBE	(X5) COMPLETE DATE
were available for patient use. The above was confirmed in an interview, with staff #2 during a tour of the facility on 11-10-15.		(1) A facility shali: (A) have a safe an properly constructe to protect the healt staff at all items; This Requirement Based on observe the facility falled to environment that whealth and safety of Findings were: During a tour of the following observation of the vinyt cover of sonograph room of harbor bacteria and being completely of the expiration date of Ringers 500 mi IV 5/2015, 1 ET Tube discoloration/stain and 1 suction tubin. The expired media were available for The above was constaff #2 during a testing the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff #2 during a testing to the staff	d sanitary environment, and, equipped, and maintained th and safety of patients and an interview with staff, thave a safe and sanitary was maintained to protect the of patients and staff at all times. The facility on 11-10-15, the ions were made: In the exem table in the contained tears, which can be medications in the exematable from cleaned. The medications in the exematable 10 mi with an 10/15, 1 bag of Lactated with an expiretion date of a with brown in the peckaging, and with a torrylopen packaging, and with a torrylopen packaging, and with a torrylopen packaging. Cations and damaged supplies patient use.	A 197	be repaired. This exam table we use until the creases have been a Due to a clerical error expired medications were kept with cur medications in the crash cart, the now been removed and proper discarded. Staff has received trashow to evaluate the need to rep medical supplies that do not have expiration dates, the ET and su tubbing have been removed frocart, and have been replaced by ones. In order to ensure compliance physical and environmental requirements mandated by the clinic administrator will conduptly sical walk through of the fainspect the appearance and fun of all equipment. Findings will addressed during the quality as	om will on't be in fixed. Trent hose have ly sining on lace ve ction om the r new with the state, the ct a cility to ctionality be	

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVICER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPL A. OUILDING:	E CONSTRUCTION	(X3) GATE S	
NIO FEMA	G		A. GOILDING	· · · · · · · · · · · · · · · · · · ·		
		008038	B. WING		11/10	/2015
NAME OF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY.	STATE, ZIP CODE		
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WHOLE		INO ALLE	V, TX 78501		ION	/V#\
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A 201	Continued From pa	age 3	A 201			
A 201	TAC 139.48(1)(E)(Requirements	F) Physical & Environmental	A 201	A201		01/15/16
A 245	The physical and ea licensed abortion (1) A facility shall: (E) store hazardou compounds in a se substances; (F) have the capaciliquids. The facility packaged food to plif other food is prosubject to the requipact to the requipact to the requipact and the subject to the requipact of the subject to the requipact of the results of the subject to the requipact of the subject to the requipact of the subject to the requipact of the subject to the requipact of the subject to the requipact of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subjec	invironmental requirements for a facility are as follows. It is cleaning solutions and acure manner and label acure manner and label acure manner and label acure manner and label acure manner and label acure manner and label acure manner and label servings. It is shall be alterned to Texas Food a crelating to Texas Food a label solutions and acure manner. Fallure to do so of harm to patients. It is facility on 11-10-15, the come contained items including all freshener spray, germicidal as pray cleaner and bleach. Infirmed in an interview, with 5 during a tour of the facility. It is facility in 11-10-15, the come contained items including all freshener spray, germicidal as pray cleaner and bleach. Infirmed in an interview, with 5 during a tour of the facility. It is facility in 11-10-15, the facility in the related. The facility shall actions are facility shall actions as facility shall actions as facility shall actions.	A 249	The Clinic administrator will be responsible for ensuring the phand environmental requiremer facility are followed accurately. The Clinic will install locks on laundry closet cabinets, and encleaning products are locked depatient care hours. A staff in service will be facilitated 1-15-16 to ensure all staff is are ensuring these products are to during patient care. The clinic Administrator will ecompliance with this requirem conducting random walk throuf facility. Findings will be address during quality assurance meeting the producting random walk throuf acility. Findings will be address during quality assurance meeting the producting random walk through the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the producti	ysical its for the the sure all uring ted on ware of be locked insure ent by igh of the sed	

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WHOLE!	WOMANS HEALTH O		N, TX 7850						
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		age and handling of items in a							
	manner that does	not compromise the packaging		The Clinic Administrator will b	e				
	of the product.			responsible for ensuring all infe					
	(i) Starilized Items	shell be transported so as to		responsible for ensuring an inic	СПОТ				
•	maintain cleanline	ss and sterility and to prevent		control standards are accurately	7				
1	physical damege.			followed.					
	(II) Sterilized items	shall be stored in				\			
	well-ventilated, Ilm	ited access areas with sture and humidity.		The Clinic Administrator along	with	1			
	Controlled terribers	s shall be positioned so that the		the staff trained to work in the					
	nackaning is not c	rushed, bent, compressed, or		pathology and sterilization lab,	will				
1	punctured so that	their sterlity is not	1	reorganize the area and designa					
	compromised.			teorganize the area and design	nahinate	ļ			
	(iv) Storage of sup	piles shall be in areas that are	1	storage space on the clean side	-li				
	designated for sto	rage.		to carefully stack sterilized pour	tnes in a				
				position free of being crushed, l	bent,				
		to and made as addingned been		compressed or punctured.		ļ			
1	This Requirement	Is not met as evidenced by: tion, and interview, the facility	Į.			(
	falled to store nee	l pouches in a position that was	1	In addition a staff in service wil	l be				
1	free of being crust	ned, bent, compressed, or		facilitated to ensure staff under					
	punctured.	,,,,							
				how to properly store packs and	1				
ļ	FINDINGS:			pouches.					
	During a tour of th	e facility on 11/10/15, multiple		In order to monitor compliance	e with				
	peet pouches were	e observed stored on a counter			• 11Ab44				
	In the pathology ro	om. Approximately 10 peel		this requirement, the Clinic	J				
	packs were crush	ed and compressed, the]	Administrator will conduct ran					
	adhesive seal acre	oss the bottom of these pee!		weekly inspections of the sterili					
	packs was observ	ed to be wrinkled with small		stored instruments. Findings w	ill be				
	gaps present, pre-	senting a risk for contamination.		addressed during quality assura					
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	ute packaging bei	ng pericented.	1						
	An Interview with the above findings	Staff #3 on 11/10/15, confirmed							
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	equipment end per resuscitation as de (relating to Anesth (c) Personnel provide currently certific American Heert As Cross, or the Ame Institute, or in according to the professional license	If have the necessary resonnel for cardiopulmonary escribed in §139.59 of this title esta Services). If the care shall ed in besic life support by the esociation, the American Redifican Safety and Health ordance with their individual sure requirements, and if the description or job		The Clinic Administrator will be responsible for ensuring all personal complies with emergency service requirements. All staff members will receive Cardiopulmonary resuscitation training by January 4, 2016.	connel es		
	Besed on a review interview with steff that all direct care and mainteined cu cardiopulmonary rwas no document practice and in-pe demonstration of as staff may not be medical emergence. Findings included: A review of person direct staff member 4) obtained cardiop through an online evidence of hands assessment and/oln an interview, or confirmed that the	•		Documented evidence of hands skills practice and in person ass will be placed in personnel files. The Clinic Administrator will ecompliance with this requiremeconducting monthly audits of the personnel files, and scheduling proper recertification as needed.	essment nsure ent by he the		

RNH011

STATEME	epartment of State F IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILOING:	CONSTRUCTION	(X3) OATE S COMPLI	URVEY ETEO
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Operation Rescue

You are here: Home / Press Releases / Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby
Remains

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Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

December 1, 2011 By Operation Rescue 3 Comments

Austin Texas – The Texas Commission on Environment Quality has released documents to Operation Rescue that show two Texas abortion clinics and the disposal company Sterleycte have been slapped with fines in excess of \$83,000 for illegal dumping of aborted baby remains.

The fines are the result of complaints filed by Operation Rescue against Whole Woman's Health of McAllen end Austin efter a three-

month undercover investigation. The TCEQ then conducted its own investigation and broadened the case to include Sterlcycle. In June, the TCEQ notified Operation Rescue thet the two abortion clinics and Sterlcycle had all been cited for violations involving the improper disposal of human fetuses.

Fines for the violations were finalized three months later. TCEQ elso ordered the abortion clinics and Stericycle to make specific changes in their operations.



Dumpsters behind Whole Women's Health were open and spilling trash. Infectious waste and other hezardous materials, and private medical records were illegally dumped there.

The two abortion clinics also received a deferral of twenty percent of their fines on the same compliance contingency. However, if the TCEQ finds that they are not satisfactorily complying with the order, they will be required to pay the full amount.

"Our investigation only scratched the surface of what is really going on at abortion clinics in Texas. These hefty fines totally over \$83,000 show that the violations we discovered were valid and serious," said Operation Rescue President Troy Newman, "We can only imagine what

- Whole Woman's Health of McAtten was fined at total of \$17,430. It is required to make monthly payments of \$385.
- Whole Woman's Health of Austin was ordered to pay a total of \$22,980. It must pay off its fine with \$510 payments each month.
- Stericycle received the largest fine of \$42,612, which was paid in one tump sum minus twenty percent, which is deferred contingent upon satisfactory future compliance.
- would be found if every abortion clinic was thoroughly investigated."
- "Abortion clinics cannot be trusted to follow the taw or tell the truth about it even if they are caught," said Newman." Time and again we have seen that abortionists have the attitude that they are above the law. Abortion clinics need to be inspected and v violations strictly—forced for the sake of

the public's wetfare." In addition to the TCEQ fines, ten abortionists must answer to the Texas Medical Board for other abortion abuses discovered by Operation Rescue. Word on the extent of their discipline is expected in February.

F EDAILY CALLER NEWS FOUNDATION

EXHIBIT 9
Legal Opinion to ISDH

HEALTH

(http://dailycallernewsfoundation.org/)

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Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds

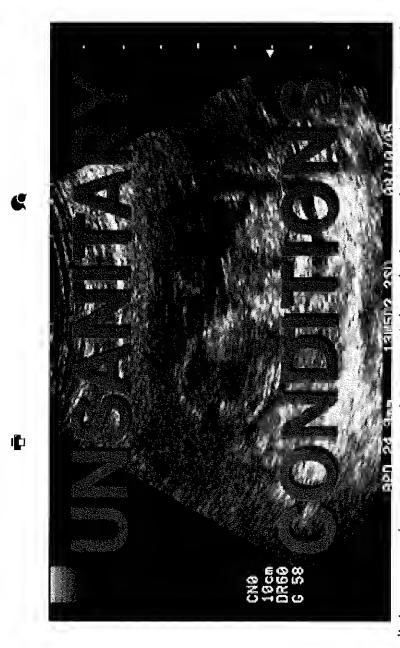
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by GRACE CARR, reporter

(http://dailycaller.com/author/grace-carr/)



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A string of abortion clinics across the country continues to violate the law and jeopardize the health and lives of women by failing to keep clinics clean and train staff adequately, according to the Texas Department of State Health Services. A slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017, the Free Beacon reported (http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-EMAIL CAMPAIGN 2017 10 26&utm_medium=email&utm_term=0 b5e6e0e9ea-eb64ddce41-46249161) in conjunction with the nonprofit And Then There Were None (ATTWN). reveals/?utm_source=Freedom+Mail&utm_campaign=eb64ddce41-

button topic, does not mean that the abortion industry should get a free pass," Arina Grossu, Center for Human Dignity 🔦 'Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot

Director at the Family Research Council, told the Free Beacon. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry." Medical instruments were unsterile and rusty, medication had expired, staff were inadequately trained, and the facilities patient records, disregard for informed consent, undercover calls and visits from minors, and waiting period violations. were dirty enough to constitute health hazards, the inspection reports found. The inspections also discovered faulty The Beaumont, Texas WWH clinic did not even have a registered nurse on staff in 2011.

ത A WWH abortion clinic in McAllen, Texas was in disrepair, with stains, cracks in exam tables and holes in the flooring, hundreds of thousands of deaths in the ongoing opioid crisis. (RELATED: Opioid Crisis: A Daily Game Of Russian 2016 study found. ATTWN's 2017 report also found missing stocks of fentanyl, which has responsible for the rise Roulette) (http://dailycaller.com/2017/09/29/opioid-crisis-a-daily-game-of-russian-roulette/). "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," ATTWN founder Abby Johnson said. The WWH clinic in Austin even had blood on the walls, she noted.

violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said. "If we're going to What we see in the abortion industry across the country is that inspections are done, people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same say that we're for women, and we're for protecting women, then this was sort of a common sense measure."

content/uploads/2016/12/Unsafe-Chart.pdf) WWH clinics — were cited for 1,400 health and safety violations, according to More than 220 abortion clinics between 2008 and 2016 — including six (http://unsafe.aul.org/wpa 2016 Americans United For Life (AUL) report (http://www.lifeissues.org/wpcontent/uploads/2017/01/UNSAFEreport.pdf)

WWH was also involved in a lengthy lawsuit, <u>Whole Woman's Health v. Hellerstedt (http://www.scotusblog.com/case-</u> files/cases/whole-womans-health-v-cole/), regarding restrictions on abortion services.

Follow Grace on Twitter (https://twitter.com/gbcarr24).

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Why Should Abortionists Have Admitting Privileges? Look at These Botched Abortions at Just One Clinic

(HTTP://www.lifenews.com)

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9 STATE (HTTP://WWW.LIFENEWS.COM/CATEGORY/STATENEWS/) CHERYL SULLENGER MAY 19, 2014 | 11:53AM AUSTIN, TX



ments show a string of abortion-related medical Whole Women's Health of Austin where docuAfter the passage in Texas last summer of an historic pro-life law known as HB2, hardly a week as gone by without articles penned by abortion supporters lamenting the new regulations as nothing more than a ploy to shut down abortion clinics.

Amy Hagstrom-Miller, President of the Whole Women's Health abortion clinic chain, is perhaps one of the loudest voices condemning the new law that has already closed 20 Texas abortion clinics — including two of hers. Once the rest of the provisions take effect this September, it is likely that only six abortion clinics will remain in the Lone Star State.

(http://lifenews.wpengine.netdna-cdn.com/wp-content/uploads/2014/05/wholewomens.jpg)Causing particular angst has been the requirement that abortionists maintain hospital privileges within 30 miles of their clinics.

"Our elected officials lied to all of us, HB2 has nothing to do with improving women's health and safety; but rather it is a proven and successful strategy to end safe abortion care for women in Texas," opined Hagstrom-Miller just last

Women's Health of Austin, over a 30-day period in 2012 that shows the clinic has a poor track record when it comes to However, Operation Rescue has received three 911 records from just one of Hagstrom-Miller's abortion clinics, Whole women's safety.



Whole Women's Health of Austin where documents show a string of abortion-related medical emergencies.

safety regulations in the Texas law have nothing to do with patient safety. In fact, if patient safety was more of a concern to abortion clinics, perhaps we wouldn't see the long line of women being transported to the hospital, and in some cases, the morgue," said Troy Newman, President of Operation Rescue. "This documentation loudly refutes Ms. Hagstrom-Miller's fantasy that the hospital privilege requirement and other

The following incidents were documented through 911 Computer Aided Dispatch Transcripts obtained by Operation Rescue:

- March 17, 2012: A 20-year old female patient was transported to Saint David's Hospital suffering from an allergic reaction. This incident was of moderate severity, but required emergency hospital intervention.
- her condition. The WWH caller told dispatchers that the woman was breathing and conscious, but not alert. She was suffering condition was life-threatening. In fact, paramedics responding to the call upgraded the patient's priority upon assessment of April 2, 2012: A 34-year old female was rushed to North Austin Hospital with a priority designation that indicated her abdominal pain and vomiting while at the clinic. This was the lost serious of the three incidents.
- April 18, 2012: A sick and vomiting 22-year old female patient was transported to St. David's Hospital. Records indicate that she suffered "no priority symptoms," nevertheless, she required emergency hospital treatment that could not be provided at

This 30-day snapshot of emergencies at just one Whole Women's Health abortion clinic shows that the these facilities are not equipped to handle even the least serious of complications that can be expected to occur at abortion clinics, much less the life-threatening ones.

situations, such as was inflicted upon the 34-year old patient on April 2, 2012. Even a short delay while hospital physicians struggle to diagnose a patient's condition, as we saw in the case of Tonya Reaves (http://www.operationrescue.org/archives/planned-parenthood-abortionist-evaded-blame-shifted-in-death-of-tonya-reavesdeposition-shows/), who died at a Chicago, Illinois Planned Parenthood clinic in 2013 can mean the difference between life and death. The hospital privilege When emergencies occur, it is imperative that there is continuity of patient care so that emergency treatment is not delayed, especially in life-threatening requirement adds a layer of protection for women who suffer abortion complications from suffering a delay in care.

which Whole Women's Health sends patients to the hospital emergency rooms for medical help the clinics cannot provide, these laws are critically needed to ensure Despite Ms. Hagstrom-Miller's hysteria, the Texas law — particularly the local hospital privilege requirement — is all about patient safety. Given the frequency with that women get the care they need.

If the law results in the closure of abortion clinics that cannot guarantee patient safety or continuity of care in the event of a medical emergency, then it is in the best interests of women for those abortion clinics to close. Hagstrom-Miller's attitude only reveals that the health and safety of women take a back seat to her financial profit margin, which is currently enhanced by cutting corners on women's lives.

View March 17, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-03172012.pdf) View April 18, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04182012.pdf) View April 2, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04022014.pdf)

practitioners and exposes their illegal and unethical practices. The group is known for serving as a watchdog of Planned Parenthood and other abortion businesses. LifeNews.com Note: Cheryl Sullenger is a leader of Operation Rescue (http://www.OperationRescue.org), a Kansas-based pro-life that monitors abortion

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Documentation/Resources EXHIBIT 11 Legal Opinion to ISDH	IL Department of Public Health Division of Health Facilities Standards: Statement of Deficiencies and Plan of Correction. Date of Survey: July 6,
Document	IL Department Division of Hea Standards: Sta and Plan of Co Survey: July 6,
Incident(s) Description	The Illinois Department of Public Health noted ton July 6, 2011 that deficiencies and violations at National Health Care Services included: - Staff not adequately trained was performing duties they should nothave the potential for cross contamination of contagions. - Water temperature was not hot enough. - Snack nuts and packages of cookies were on the crash cart. - Failure to ensure staff training for emergency or non-emergency situations were conducted. - Facility failed to ensure medical histories and complete physical examinations were reviewed by the physician prior to the procedure. - Facility failed to ensure personnel administering intravenous sedation was qualified in the State of IL to administer anesthesia, RNs administering moderate sedation had multiple clinical responsibilities, were not ACLS certified and the physicians were not privileged to administer moderate sedation. No documentation to indicate physicians were ACLS certified.
Abortion Provider	National Health Care Services (now named Whole Women's Health of Peoria)
City	Peoria
State	님

February 22, 2013 inspection of Whole Women's Health Baltimore found deficiencies included: Example Failure to secure the medical waste sharps container and protect the safety of patients. Failure to implement their policy and procedures for the use and storage of medications. Figure 1. 2013 inspection of Whole Deficiencies and Plan of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Deficiencies and Alban of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Deficiencies and Alban of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Deficiencies and Plan of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Deficiencies and storage of the use and storage of medications.	The Statement of Deficiencies Report from the April 3, 2014, inspection of Women's Health April 3, 2014, inspection of Women's Health Aliance found the following deficiencies: - Failure to have a witnessed voluntarilysigned informed consent for each signed informed consent for each abortion procedure in 1 of 4 clinic records reviewed of patients that had abortion procedure Failure to maintain a daily procedure log of all patients receiving abortion services along with type of procedure, time of procedure, and Name of the Registered RN on duty Failure to ensure medications were administered medications and had a surgical abortion procedure performed Failure to ensure sterile instruments were not outdated and failed to ensure autoclave testing was performed per clinic policy.
The Statement of Deficiencies Report from the February 22, 2013 inspection of Whole Women's Health Baltimore found deficiencies included: Eallure to secure the medical waste sharps container and protect the safety of patients. Failure to implement their policy and procedures for the use and storage of medications.	The Statement of Deficiencies Report fron April 3, 2014, inspection of Women's Headliance found the following deficiencies: - Failure to have a witnessed volunt signed informed consent for each surgery or procedure in 1 of 4 clin records reviewed of patients that abortion procedures. - Failure to verify the patient's full true name for 4 of 4 patients who abortion procedures. - Failure to maintain a daily proced of all patients receiving abortion services along with type of procedtime of all patients receiving abortion services along with the State of NC for time of procedure, and Name of the Registered RN on duty. - Failure to ensure medications were administered medications and had a surgical abort of consure authort outdated and failed to ensure authort cesting was performed per clinic political political and surgical politicating was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic political and resting was performed per clinic per contact and per clinic per clinic per clinic per clinic per clinic per clinic per clinic per clinic per clinic per clinic per clinic
Whole Women's Health Baltimore	Women's Health Alliance
Baltimore	Chapel Hill
MD	NC

EXHIBIT 7 Legal Opinion to ISDH

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to **c**hanging the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired.

Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic <u>linked</u> to thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, a bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions. "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon.

Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls, "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry.

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in a successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, H.B. 2. Among other limits on abortion, the bill <u>imposed</u> requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers</u>, a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure,"

N Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

Ø simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more "The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions," wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, warned that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote,

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com.

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Exhibit 7.1 Legal Opinion to ISDH

PRINTED: 12/29/2016 FORM APPROVEO

12/08/15 Continuation sheet 1 of 22

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A 149	100.1 ((0)(0)(1	N(B)(C)(O) pDemonstrated Competency	A 149	A149	11/30/16
	not limited to, the for (A) coordination and (B) sterilization end (C) patient education (O) informed conse	d treatment of patient care; infection control policies; n/information;		The Clinic Administrator will be responsible for ensuring all persworking in the pathology lab has through the appropriate oriental process, training and demonstration to the competency on decontamination sterilization techniques.	onnel 3 gone tion te

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. GUILDING: COMPLETED B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY A 149 Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization pouches, therefore according to the This Requirement is not met as evidenced by: Based on observation, record review, and surveyor allowing contaminated air to Interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no wes trained in the sterilization process of surgical indication of infection control hazard to instruments patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 et 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile instruments packaged in peel pouches which an increase of infection rate. were being stored in a plastic container with no lld. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The peel pouches were observed to have water stains November 30th, 2015. Staff will be or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel reading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line where the pouches are to be folded. The pouches echniques, during the training the were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peet proper way to wrap, pack and sterilize pouches were observed to be crushed, bent, and instruments, by the end of the training compressed in the plastic container, which had no lid and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not lebeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide will be documented and filed in the recommends no more then 1.8 lbs., if using the appropriate tray and pouches may not be staff's personnel record. stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the sterilizer to separate the Instruments. The Clinic Administrator will perform instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOO · State Form

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: A. BUILOING:	
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A 149 Continued From page 2 A 149	
A review of the eutoclave loed log from 9/29/2015 thru 10/19/2015 revealed no temperature, time, or pressure recorded on the log. A review of the record titled, "Whole Women's Heatth Pathology Training Checklist" revealed the only record of training for Staff #3. There was no training on sterilization of sterile instruments. Review of the policy titled, "Procedure Decontamination, Disinfection, Sterilization, and Storage of Sterile Supplies" revealed the following: "Maintenance of Sterility Items that are packaged properly will remain sterile unless the package becomes wet or forn, has a broken seat, is damaged in some way, or is suspected of being compromised. Commercially packaged items will be considered sterite according to the manufacturer's instructions. A. All packages will be inspected before use. If a package is torn, wet, discolored, hes a broken seal, or is damaged, the Item will be returned to the sterile area for reprocessing/sterilizing. B. The Indicator tape on the outside and on the inside of the pack will be checked before the instruments are used. If the Indicator tape did not change the pack will be checked before the instruments are used. If the Indicator tape did not change the pack will be returned to the sterile area for reprocessing/sterilizing. The other packs/pouches from that load will be checked. C. If instruments are ("flash") sterilized unwrapped an Indicator tape or strip will be placed in the tray and presented to the providing MD along with the instrument. D. Sterilized items will be hendled in a manner that does not compromise the packaging of the product.	

JME311

Texas Department of State Health Services (X1) PROVIOER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** A. OUILOING: e. WING 10/21/2015 140007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVICER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PREFIX TEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) Continued From page 3 A 149 A 149 E. Sterilized Items will be transported as to maintain cleanliness and sterility and to prevent physical damege. F. Sterilized items will be stored in the sterile area. This aree has controlled ventilation and has restricted access. G. Sterilized Items will be packed in the sterilizers and positioned so the peckaging is not crushed, bent, compressed, or punctured in order to ensure the packages' sterility." An Interview with Staff #3 on 10/20/2015 at approximately 3:00 PM confirmed the above findings and the policy was not being followed. Staff #3 was asked what type of training have you had on the sterilization of instruments. Staff #3 stated, "I just shadowed someone for couple of days." The Interview with Staff #3 revealed the staff member was still not knowledgeable in the proper procedure of sterilizing instruments. A 197 TAC 139.48(1)(A) Physical & Environmental A 197 11/30/15 A197 Requirements The physical and environmental requirements for The Clinic Administrator will be a licensed abortion facility are as follows. responsible for ensuring the physical (1) A facility shall: (A) have a safe and sanitary environment. and environmental requirements for the properly constructed, equipped, and maintained acility are strictly followed. to protect the health and safety of petients and staff at all times: This Requirement is not met as evidenced by: Based on observation and Interview, the facility failed to provide safe and sanitary environment. SOD - State Form

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A 197	Continued From pa	age 4	A 197	Laboratory Area: All patient su	pplies	11/11/15
	During the tour of t	he facility on 10/21/2015 et		have been removed from the cal		
	approximately 10:0	0 AM the following		under the sink, and have been s	tored in	
	environmental issu	es were observed:		a plastic container on a separate		
				cabinet. The packaging that was		
	The findings includ	ed.	İ	with betadine "brown substance		
	1110 1110111100			been removed from the lab and	******	
	Laboratory Area:			properly disposed. An infection	control	
	B. 4 4 1. 1	bataa atau dan dan dan da		training outlining the proper m		
	Patient lab supplie	s were being stored under the m. Observed a brown				
		ents' supplies end on the floor		store laboratory supplies was fac		
		nich appeared to be a leak.		for staff on 11/11/15, and the re		
				have been failed in the each staf	I S	
	Pathology Room:			personnel record.		
	Observed some he	pe of soap being stored in the				
		nal container on the pathology		Recovery Room: The oxygen ta		11/11/15
	sink. There was wa	ater on the cabinet surface		been moved to a safer place awa		
		are placed to dry. The	Ì	risk of being knocked down by	patients,	
		her phone down on the cabinet		visitors, or staff.		
	in the water during wet."	the tour and stated "Oh that's				
		om beside the Biohazard		Laundry Room: The Laundry r	oom has	11/12/15
	container in a card	board box sitting on the floor		been re organized with the inter	nt of	
		for the surgical instruments.		maintaining a clear separation b	etween	
		om (what the facility calls the		the dirty linens, and the clean la		
		nother box of the blue wrep in itting on the floor. The		All janitorial supplies have been	•	
		otion were being examined and		properly stored in a closest desi		
		uments were being washed in		for janitorial supplies.	D	
		he width of area discussed was		doi jamtoriai supplies.		
		et that separated clean from		Physical walk through of the fac	dito.	11/20/15
	dirty.	n top of the surgical trays on		The exam tables, and suction m		11/30/15
		r the cabinet in the Pathology		will be refurbished to address th		
	room.			1		
				peeling paint, and the ceiling til		
		om 15 gallons of Cidex,		the 3 inch water mark in the lab	will be	
	Enzymatic solution	, end bleach were being stored		replaced.		

JME311

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 10 PREFIX (X5) COMPLETE DATE (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREEIX CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 5 A 197 A 197 In order to monitor compliance with directly on the floor. the physical an environmental requirements for the facility, the Patient Storage Closet: Administrator will perform a walk-In the patient care closet, where patient supplies through of the physical plant on a are stored it was observed there were sanitery weekly basis to ensure all supplies are pads on the floor. Dust particles were on the floor properly stored, ad equipment and next to the sanitary pads along with a biohazard sharps container and card board boxes. The instruments are in optimum condition. patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Card board boxes can harbor parasites. insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of end reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room: During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room, The boxes were full of patients' supplies (blue pads). The lid was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings. SOD - State Form

PREFIX TAO REGULATORY OR LSG IDENTIFYING INFORMATION) A 197 Continued From page 6 Laundry Room: During e tour of the facility on 10/20/15 and 10/21/15 of the survey card board shipping boxes were stored in front of the (2) soiled linen hampers on the floor in the laundry area. There were 4 boxes which contained paper towels and bathroom tissue stacked in front of the soiled linen hamper, and the washer and dryer. In this same area across from the soiled linen cart (approximately 3 feet) was an open wire rack where patient gowns, physicians' scrubs, and patient blankets were being stored. There were no barriers on the bottom shelf and no cover over tho shelving. On the shelf with the clothing liems was an autoclave. Above the patient gowns, physicians' scrubs, and patient blankets were package of paper towel rolls. There was clothing articles piled on top of the dryer along with boxes of fabric softener. Beside the dryer was another	STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. GUILDING:	CONSTRUCTION	(X3) OATE S COMPL	
WHOLE WOMANS HEALTH OF SAN ANTONIO (X4) IO PREFIX (SAN OF CORRECTION MUST BE PRECOSED BY FULL REGULATORY OR LSC IDENTIFYINO INFORMATION) A 197 Continued From page 6 Laundry Room: During e tour of the facility on 10/20/15 and 10/21/15 of the survey card board shipping boxes were stored in front of the (2) soiled linen hampers on the floor in the laundry area. There were 4 boxes which contained paper towels and bathroom tissue stacked in front of the soiled linen hamper, and the washer and dryer. In this same area across from the soiled linen cart (approximately 3 feet) was an open wire rack where patient gowns, physicians' scrubs, and patient blankets were being stored. There were no barriers on the bottom shelf and no cover over the shelving. On the shelf with the clothing Items was an autoclave. Above the patient gowns, physicians' scrubs, and patient blankets were package of paper towel rolls. There was cothing articles pilled on top of the dryer along with boxes of fabric softener. Beside the dryer was another	140007			e. WING		10/2	1/2015
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Laundry Room: During e tour of the facility on 10/20/15 and 10/21/15 of the survey card board shipping boxes were stored in front of the (2) soiled linen hampers on the floor in the laundry area. There were 4 boxes which contained paper towels and bathroom tissue stacked in front of the soiled linen hamper, and the washer and dryer. In this same area across from the solled linen cart (approximately 3 feet) was an open wire rack where patient gowns, physicians' scrubs, and patient blankets were being stored. There were no barriers on the bottom shelf and no cover over the shelving. On the shelf with the clothing items was an autoclave. Above the patient gowns, physicians' scrubs, and patient blankets were package of paper towel rolls. There was clothing articles piled on top of the dryer along with boxes of fabric softener. Beside the dryer was another	PREFIX	(EACH OEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR	ULO BE	(X5) COMPLETE DATE
During e tour of the facility on 10/20/15 and 10/21/15 of the survey card board shipping boxes were stored in front of the (2) soiled linen hampers on the filoor in the laundry area. There were 4 boxes which contained paper towels and bathroom tissue stacked in front of the soiled linen hamper, and the washer and dryer. In this same area across from the sotled linen cart (approximately 3 feet) was an open wire rack where patient gowns, physicians 'scrubs, and patient blankets were being stored. There were no barriers on the bottom shelf and no cover over the shelving. On the shelf with the clothing Items was an autoclave. Above the patient gowns, physicians' scrubs, and patient blankets were package of paper towel rolls. There was clothing articles piled on top of the dryer along with boxes of fabric softener. Beside the dryer was another	A 197	Continued From pa	age 6	A 197			
top of the linen hamper. Observed that all 3 linen hampers had soiled ilnen in them. The linen hampers had soiled ilnen in them. The linen hampers were alt labeled with biohazard labet. This laundry area stayed cluttered with shipping boxes and observed that none of the staff members had ever moved or cleaned the area during the 2 day survey. An interview with Staff #1 on 10/21/2015 et epproximately 12:00 PM confirmed the above findings. Staff #1 stated, "The boxes are here because we just got supplies." Observed no change in the laundry area during the survey dates of 10/20-21/2015. Tour of the fecility on 10/20/15, the following observations were made: -Through out the facility, base boards were tifting		During e tour of the 10/21/15 of the sur were stored in fron hampers on the fic were 4 boxes which bathroom tissue stillinen hamper, and same area across (approximately 3 fe where patient gown patient blankets were barriers on the tho shelving. On the was an autoclave, physicians' scrubs package of paper articles piled on to of fabric softener, solled linen hampers had soile hampers were alt in This laundry areas boxes and observed during the 2 day standard the survey dates of the fecility observed no chant the survey dates of the fecility observations were	vey card board shipping boxes to fithe (2) soiled ilnen or in the laundry area. There is contained paper towels and acked in front of the soiled the washer and dryer. In this from the sotled ilnen cart eet) was an open wire rack ins, physicians' scrubs, and are being stored. There were bottom shelf and no cover over the shelf with the clothing items. Above the patient gowns, and patient blankets were lowel rolls. There was clothing pof the dryer along with boxes is all a linen dinen in them. The linen abeled with biohazard labet, stayed cluttered with shipping at that none of the staff or moved or cleaned the area provey. Staff #1 on 10/21/2015 et is stayed. The boxes are here of supplies." ge in the laundry area during f 10/20-21/2015, the following made:				

Texas Department of State Health Services STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILOING: _ COMPLETEO B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DATE OEFICIENCY) A 197 Continued From page 7 A 197 at some of the seams and "yellowing dirt" was observed along the base of the baseboards. - In the recovery room, the exam teble had rust around each drawer and eround the drawer handles. - In the procedure room- Ameile: the drawers of the exam table had rust and peeling paint. -In the procedure room -Georgia: The emesis basins, used for patients, were stored under the sink. The suction machine, the bumper around the machine had failen off the mechine and was covered in dust. In the Lab room: A ceiling tile had water damage. -The crash cart in the hallway of the facility was covered in dust. Interview on 10/20/15 with the staff S#1, confirmed the above findings. A 213 TAC 139.49(b)(1)(A)(i)(ii) Infection Confroi A 213 11/30/15 Standards A213 (A) An abortion facility shall ensure that all staff The Clinic Administrator will be comply with universal/standard precautions as responsible for ensuring all infection defined in this paragraph. (i) Universal/standard precautions includes control standards are accurately procedures for disinfection and sterilization of followed. reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use end Whole Woman's Health of San Antonio disposal of needles and other sharp instruments. has developed a performance record for (ii) Universal/stendard precautions synthesize the the usage of Manual Vacuum Aspirator major points of universal precautions with the (MVA) in order to track the usage and points of body substance precautions end apply them to all patients receiving care in facilities. performance of the MVA's in rotation. (See log attached) SOD - State Form STATE FORM

Texas Department of State Health Services STATEMENT OF CERCIENCIES ANO PLAN OF CORRECTION (X1) PROVICER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIOER/SUPPLIER/CLIA	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		140007	e, WING		10/21/2015
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A 213	regardless of their infection status. This Requirement Based on observatinterview, the facility performance record vacuum Aspiration manuat evacuation facility falled to follethe lpas MVA Plus. A review of records thet the fecility was times the MVA had a review of the main pas MVA reveated "Providers can chedisinfectant/steriliz their practice. As a can be used between the lpas processin package insert. With disinfection/ steriliz needs to be inspected to be inspected by the processin package insert. With other processing propertioning a tour of the 10:50 AM observer counter at the nurse container with no lie was lying on an op the MVA. The cart and out of the processing processing of the fact Decontamination, Storage of Steriles.	is not met es evidenced by: ion, record review, and ty falled to maintain ds for the usage of the Manual (handheld syringe used for i for an abortion). Also, the ow their own policy processing se revealed no documentation as keeping records of how many been used. anufactures' guideline on the i the following: tose the ation method that beet results a guideline, the tpas MVA Ptus een 25-50 times when following ge instructions provided in its hichever method of tation is chosen, the ipas MVA cted before next use. If the tpas gns of damage or is not y, it should be discarded." e facility on 10/20/2015 at d multiple MVA's on the sing station in an open d. Also, observed a MVA lying if of a rolling cart. The MVA en surface with no cover over was used to carry suppties in	A 213	The medical director will condinspection of all MVA's in rota assess their current condition a for replacement. This audit will documented and kept in the performance record binder. All devises will be stored in a close container before use. A staff training will be provide. Director of Clinical Services to the staff understand the proces decontaminate and sterilize the devises, as well es the steps to it them before use and document number of times it is used. In order to ensure compliance requirement, the Clinic Admir will conduct a monthly audit operformance record log as well condition of the MVA's.	tion to and need l be l MVA's d plastic d by the ensure s to ese nspect t the with this histrator f the

A BULDING:	21/2015
NAME OF PROVICER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COCE WHOLE WOMANS HEALTH OF SAN ANTONIO (X4) IO PREFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 213 Cantinued Fram page 9 following: STREET ADDRESS, CITY, STATE, ZIP COCE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222 (PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (EACH OCRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 213 Cantinued Fram page 9 following:	(X5) COMPLETE
WHOLE WOMANS HEALTH OF SAN ANTONIO 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222 [X4] IO SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 213 Continued From page 9 following:	COMPLETE
X4) IO SUMMARY STATEMENT OF OEFICIENCIES IO PROVIDERS PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 213 Cantinued From page 9 A 213 following:	COMPLETE
PREFIX TAG (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 213 Cantinued From page 9 following: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
following:	<u>L</u> _
"Cleaning and Processing the Ipas MVA Plus:	
*Clean It by washing all surfaces thoroughly in warm water and detergent. Detergent is preferable to soap, which can leave a residue. As an alternalive, an enzymatic cleaner, a solution specifically designed to clean blood and tissue from surgicel instruments, can be used.	
*For a high-level disinfectant soak, place all the parts in the soek for the amount of time directed on the bottle. Ipas recommends Cidex or Cidex OPA, or Sporox II, however, Cidex OPA is the Facility's approved disinfectant soak. Ipas MVAs must soak in Cidex OPA for at least 12 minutes.	
*The lpas MVA Plus can be used between 25 and 50 times when following the lpas processing instructions. The lpas MVA should always be inspected before next use, and should be discarded at any signs of damage or is not functioning properly.	
*Aspirators need to be stored in dry, covered containers or packages to protect them from dust and other contaminants."	
An Interview with Staff #1 on 10/21/2015 at 10:30 AM confirmed the facility was not keeping a record of how many times the MVA had been A242 used.	
A 242 TAC 139.49(d)(5)(D)(I)(II) Infection Control Standards A 242 The Clinic Administrator will be responsible for ensuring all infection control standards are being followed by	10/22/15 11/3 0 /15
D) Packaging. (I) All wrapped articles to be sterilized shall be strictly monitored.	

Texas Department of State Health Services (X3) OATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETEO AND PLAN OF CORRECTION A. BUILDING: 9. WINO 10/21/2015 140007 STREET ADDRESS, CITY, STATE, ZIP COOE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE PREFIX (EACH OFFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAO TAG DEFICIENCY) A 242 A 242 Continued From page 10 All instruments have been re sterilized peckaged in materials recommended for the and the date, time, load # and autoclave specific type of sterilizer and material to be ID has been documented on each pouch sterilized, end to provide en effective barrier to and pack. microorganisms. Acceptable packeging includes peel pouches, perforated metal trays, or rigid 11/30/15 trays. Muslin packs shall be limited in size to 12 The Director of Clinical services will Inches by 12 inches by 20 inches with a facilitate an infection control training on maximum weight of 12 pounds. Wrapped November 30th, 2015 staff will be instrument trays shall not exceed 17 pounds. (ii) All Items shall be labeled for each sterilizer required to prepare for this training by load as to the date and time of sterilization, the reading WWH policy for sterilizing load number, and the eutoclave. decontamination and Sterilization techniques. During the training, the This Requirement is not met as evidenced by: designated trainer will show the staff the Based on observation, record review, and proper way to wrap, pack, and label Interview, the facility falled to document on the instruments to be sterilized. By the end instrument packages the following: the date and of the training the staff will be asked to time of sterilizing, sterilizing load number, and the Identification of the autoclave used. perform each one of these steps while evaluated by the trainer. A competency Observed during the tour of the sterilization room checklist will be documented and filed on 10/20/2015 et approximately 10:14 AM the peel pouches in the plastic container and the peel in the staff's personnel record. pouches that were being removed from the autoclave were not labeled with date and time In order to ensure compliance, the sterilized, sterilizing load number, and the Clinic Administrator will perform Identification of the autoclave used. The wrapped Instruments that were removed from the randomized tracer to address staff's autoclave were not labeled with date and time competency and follow through of our sterilized, sterilizing load number, and the policies and address training needs. Identification of the autoclave used. An Interview with the Staff #3 on 10/20/2015 at 11:00 AM confirmed the above findings. A 245 TAC 139.49(d)(5)(F)(lil)(iv)(v) Infection Control A 245 11/30/15 Stenderds SOD - State Form

Texes Department of Stete Health Services STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IOENTIFICATION NUMBER: A. BUILOING: e. WING 10/21/2015 140007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC (CENTIFYING INFORMATION) TAO TAG **OEFICIENCY**) Continued From page 11 A 245 A245 A 245 11/30/15 (F) Biological indicators. (Iii) A log shall be maintained with the load The Clinic Administrator will be identification, biological indicator results, and responsible for ensuring all infection Identification of the contents of the load. control standards are met by ensuring (IV) If a lest is positive, the sterilizer shall the Biological Indicator (BI) log is Immediately be taken out of service. A malfunctioning sterilizer shall not be put back into completed and accurate. use until it has been serviced and successfully tested according to the manufacturer's 10/21/15 All BI test performed after the survey recommendations. conducted on 10/21/15 have been (v) All avalleble items shall be recalled and reprocessed if a sterilizer malfunction is found. A accurately documented on the BI log to list of all Items which were used after the last include time and load ID, contents, and negative biological indicator test shall be the 24 hr reading with the time it was submitted to the administrator. run. This Requirement is not met as evidenced by: The Director of Clinical Services will Based on observation, record review, and facilitate a training for all staff working Interview, the facility failed to maintain a log for biological indicators (BI) that included time, load in the pathology lab on how to run Identification, and contents of the load. Also, the biological indicators (BI) and how to facility falled to follow their own policy. properly document the test and results of the spore test. The Director of Clinical Findings include: Services will observe each staff run the Observation on 10/20/2015 at 10:15 AM revealed BI test and document it on the log. a "Pathology" room with one (1) Pelton Delta Q autoclave. The Clinic Administrator will monitor An interview with Staff #3 on 10/20/2015 at 10:15 compliance with this standards by AM stated she was a medical assistant and the conducting an audit of the sterilization person responsible for the autoclave. Staff #3 and BI logs on a monthly basis to ensure stated, "I run a biological indicator (BI) test with adequate competency, and address the 1st load every day that the eutoclave is ran." training needs. A review of the record titled, "Blological Indicator Log " on 10/20/2015 at 11:00 AM revealed the following: the time the biological was placed in the autoclave was left blank and the time the SOO - State Form

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STATEMEN	B partment of State 1 TOF OFFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		X3) OATE S COMPL	
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A 245	biological was read Also, the load Iden Ioad was not document of the log revealed the control of the Iogrevealed the control of the Iogrevealed the control of the Iogrevealed the control of the Iogrevealed the Iogrevealed "Biological Indicate The efficacy of the Iogrevealed with reliberation of the Iogrevealed to the Iogrevealed the Iogrevealed the Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iogrevealed Iog	d 24 hours later was left blank. Itification and contents of the mented on the biological log. for the date 9/30/2015 oil biological was left blank. policy titled, "Procedure for ad the following: ors sterilizing process will be able biological indicators. (i.e. mophilus) appropriate for the led. s will be included in one run or sterilizer. Intained with the load gleal indicator results, and a contents of the load. ve, the sterilizer will then out of service and will not ervice until it has been serviced.	A 245			
A 247	Standards (H) Maintenance of (i) Items that are proshell remain sterile package becomes	H)(I)(II)(III) Infection Control f sterility. roperly packaged and sterilized indefinitely unless the wet or torn, has a broken seat, e way, or is suspected of	A 247	A 247 The Clinic Administrator will be responsible for ensuring all Infec Control Standards are accurately followed by ensuring medication therapy protocol is followed.	tion	11/30/15

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. SUILDING: e. WINO 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF OFFICIENCIES (X4) IO PREFIX TAO PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE TAO DEFICIENCY) A 247 Continued From page 13 A 247 The unused lidocaine syringe found on being compromised. the rolling cart in the pathology room (ii) Medication or materials within a package that from the previous surgery day was deteriorate with the passage of time shall be immediately disposed of. dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If The Clinical coordinator performed a a package is tom, wet, discolored, has a broken thorough check of all procedure rooms, seal, or is damaged, the item may not be used. pathology lab and nurse's station to The item shall be returned to sterile processing ensure there are no unused medications for reprocessing. An in service will be facilitated to all surgical staff in order to ensure their This Requirement is not met as evidenced by: understanding on the proper way to Based on observation and interview, the facility prepare medications for each day of falled to discard medication not administered in a timely manner. services, and how to dispose of all During a tour of the facility with the Administrator unused medications at the end of on 10/21/2015 at 9:46 AM observed a syringe on session. the second shelf of a rolling cart in the Pathology room. There were no staff members in the room. The Administrator was asked what is that syringe The Clinical Coordinator will be for and why was the syringe left unattended. The responsible for ensuring this practice is Administrator stated, "It was for today's strictly followed, by conducting an end procedure," Surveyor showed the syringe to the Administrator and the syringe was labeled of day walk through and check of each "Lidocaine 10/20/2015." The syringe had been left procedure room, pathology lab, and from the the previous day procedures. nurses station. Findings will be An interview with the Administrator on 10/21/2015 immediately communicated to the at 9:46 AM confirmed the above findings. Clinic Administrator. A249 TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control A 249 11/30/15 Standards A249 12/9/15 J) Storage of sterilized items. The loss of sterility The Clinic Administrator will be is event releted, not time related. The facility shall ensure proper storage and handling of items in a responsible for ensuring all infection manner that does not compromise the packaging control standards are accurately of the product. followed. (i) Sterilized items shall be transported so as to SOO - State Form

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETEO
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, OUILOING		
		140007	e. WING		10/21/2015
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A 249	meintain cleanlines physical damege. (ii) Sterilized Items well-ventilated, Ilmi controlled tempera (Iii) Sterilized Items packeging is not or punctured so that compromised. (iv) Storage of sup designated for store pedifree of being crush punctured. FINDINGS: During a tour of the multiple peel pouches were four cart that was used instruments. Approximately 20 compressed in the lid and was stored products of concert contained instruction facility had no eres sterile peel pouches. An interview with S	shall be stored in ited access areas with ture and humidity, a shall be positioned so that the rushed, bent, compressed, or their sterility is not piles shall be in areas that are rage. Is not met as evidenced by: Ition, and interview, the facility pouches in a position that was red, bent, compressed, or efacility on 10/20/2015, hes were stored in e plastic thology room. Also, the peel and in a blue tote bag on a rolling for storage of the sterile plastic container which had no in the pathology room, where ofton were examined and ruments were washed. The adesignated for storage of	A 249	The Clinic Administrator along staff trained to work in the path and sterilization lab, have reorg the area and identified storage outside of the pathology and sterilization room. They have designated storage space on the hall closet in order to adequate sterilized pouches in a position being crushed, bent, compresse punctured. In addition a staff in service wifacilitated to ensure staff under how to properly store packs an pouches. In order to monitor compliance this requirement, the Clinic Administrator will conduct raweekly inspections of the steril stored instruments. Findings waddressed during quality assurimeetings.	anized space surgical ly stack free of ed or Il be stands d e with adom ized rill be
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Texas De	partment of State I	leath Services			1,040,0470	21.201.202.4
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A 255	TAC 120 40/41/61/	KY/IV/III) Infaction Control	A 255			11/30/15
A 200		K)(I)(II)(III) Infection Control	7255	A255		11,00,10
1	Standards					
				The Chief A Just day Annual h		
	(K) Disinfection,			The Clinic Administrator will b		
1		er's written instructions for the		responsible for ensuring all infe	ction	
1	use of disinfectant			control standards are being foll-	owed by	
	(ii) An expiration d:	ate, determined according to				
	manufacturer's wri	tten recommendations, shell		ensuring the proper labeling an		
	be marked on the	container of disinfection		documenting of decontaminati	ng	
	solution currently is	n use.		solutions.	-	
		lutions shall be kept covered	1	50141701151		
	and used in well-ve		1			
Į.	2.10 0000 II. WOII V		!	Whole Woman's Health of San	Antonio	
			İ	uses the Metrex disinfection log	which	
	This Decuimment	is not met as evidenced by:				
				contains all the information rec	juired by	
		tion, record review, and	i	the manufacturer's instructions	. (See	ĺ
		ty failed to follow the		Attached)	, ,	
1		tten instructions for the use of	1	Attached		
1		Cidex) utilized on surgical	1			
		the facility failed to provide a]	This log tracks the date solution	a prep.	
1	disinfectant log for	the Cidex being utilized in the				
	facility for the disin	fection of surgical instruments.		expiration and staff preparing s		
1	* · · · · · · · · · · · · · · · · · · ·			this log is kept on a binder labe	led	
	Findings:			Cidex OPA Plus log, and a		
	- · · · · · · · · · · · · · · · · · · ·					
	During the four of t	the Pathology room on	!	memorandum directing staff to		
	10/21/21 at 9:47 A	M revealed a large clear plastic	i	document on the solution's original	ginal	
(Cidex. The container was		container the date it was opened	_	
1			1			
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	was no label to indicate when		when it expires according to the		
1		ed. Also, under the sink in the		manufacturer's instructions wil	l be	,
ļ ļ	pathology room wa	is a gallon of open Cldex with		included in this binder as well a	ie	
1	no label as to wher	n the contelner was open.	1	1		
		suction jar ¼ full with a green	1	circulated during the infection		
1		nd written on the side of the	1	training scheduled for 11/30/15	i	
		x. There was no label or date	1	3		
1	as to when the liqu	ld substance was mixed.	1			ļ
[·		1			
	During the tour of t	he Pathology room (where	1	1		
		as located) on 10/20/2015 at				
			1			
SOO - State	Form	·		1		

Texas Department of State Health Services (X3) DATE SURVEY (X1) PROVIGER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETEO IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. GUILOING: .. 10/21/2015 e, WING 140007 STREET ADDRESS, CITY, STATE, ZIP COOE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVEO BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IO PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) IO PREFIX TAO TAO OEFICIENCY) A 255 Continued From page 16 A 255 The Cidex solution currently in use by the pathology staff has been placed in a 10:45, Steff #3 was asked where the cold dleinfectant log was. Steff #3 stated, "t don't have container with a tight lit. The Cidex used a disinfectant log." During a tour of the Pathology to disinfect the ultrasound transducer room on 10/21/2015 at 9:50 AM, a disinfectent will be placed in a glass jar labeled with log was observed, but the log was blank. date the solution was prepared and the A review of the log titled, "Solution Testing log expiration date. Sheet for: Metricide OPA" revealed the date solution was opened was 10/9/2015 end the In order to ensure compliance with this expiration date was 12/23/2015, The OPA-Cidex requirement the Administrator will is only stable for 14 days from day the solution is mixed. This log location/department was written conduct a monthly audit of the Cidex as Path room/Sonography. Staff #3 was asked on log and a walk through of the pathology 10/20/2015 at 10:45 AM what was the green room to ensure this solution is properly substance in the glass jar under the sink in the Pathology room. Staff #3 stated, "I don't know stored and labeled. that belongs to the sonographer." A review of the manufactures' guideline revealed the following: "CIDEX OPA Solution may be reused for up to a Maximum of 14 days provided the required conditions of ortho-phthalaidehyde concentration and temperature exist based upon monitoring described in the Direction for use. Do not rely solely on day in use. Concentration of this product during its reuse life must be verified by the CIDEX OPA Solution Test Strips prior to each use to determine that the concentration of orto-phthalaldehyde if above the MEC of 3%. The Product must be discarded after 14 days. Use CIDEX OPA Solution in e well-ventilated area and in closed containere with tight-fitting lids. tf adequate ventilation is not provided by the existing air conditioning eystem, use in locel exhaust hoods, or in ductiess fume hoods/portable ventilation devices which contain filter medie which ebsorb ortho-phthalaidehyde from the air." A review of the manufactures' guideline on the

Texas De	Fexas Department of State Health Services					
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPUER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILOING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETEO	
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A 255	Continued From pa	age 17	A 255			
	"Usage: NO ACTIVE Record the date the container label, or the solution remains stored for up to 75 does not extend particularly until use Record the date the original container in a log book (separabove), or on a lab container. The solution container can be used if the CIDEX Indicates a concent (Minimum Effective An Interview with the 11:00 AM confirmed	e solution was poured out of ner into a secondary container arate from the one mentioned nel affixed to the secondary aution in the secondary sed for a pertod up to 14 days, be discarded after 14 deys OPA Solution Test Strip tration above the MEC a Concentration). " the Staff #1 on 10/21/2015 at the discarded findings.				
A 257	Standards	L)((II)(I - V) Infection Control	A 257	A257		11/30/15
	operation for press desired temperature be maintalned eith generated and sha (I) the sterilizer ide (II) sterilization date (III) load number; (IV) duration and te	shall be monitored during sure, temperature, and time at re and pressure. A record shall er manually or machine ill include: ntification; e and time; emperature of exposure phase sterilizer recording charts);		The clinic administrator will be responsible for ensuring all infector control standards are strictly for ensuring the Autoclave Load Lecompleted and adequately track performance of the autoclave.	ction llowed by og is	
			*			

Texes De	partment of State F	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SI		
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A 257	Based on observe interview, the facili performance record operation that included and times at desired. Findings include: Observation on 10 a "Pathology" room autoclave. An interview with a AM revealed she with the person responding was asked to put the autoclave. A review of the records/logs preserve.	is not met as evidenced by: tion, record review, and ty falled to maintain ds for the autoclave during uded pressures, temperatures, ed temperature and pressure. 1/20/2015 at 10:15 AM revealed in with one (1) Pelton Delta Q Staff #3 on 10/20/2015 at 10:45 was the medical assistant and isible for the autoclaves. Staff roduce all logs and records for cord on 10/20/2015 revealed the		Whole Woman's Health of San has updated its Autoclave Load include documentation of temp and pressure of each autoclave operation. Even though this information was not previously documented on the log, the stafferilizing the instruments alway confirmed that the autoclave we reaching the required temperat pressure to ensure decontaminate sterility of the instruments. A staff in service will be facilitated director of clinical services all staff understands the proper document the performance of autoclave foe each load. In order to monitor compliance this requirement the clinic	Log to erature during f ys as indeed ure and ation and ted by to ensure way to each		
	date, time, duration phase during the dautoclave. Acontinued interv	Intation of the load identification, in and temperature of exposure operational phase of the lew with Staff #3 confirmed autoclave records available.		administrator will conduct a maudit of the autoclave load log address adequate documentation reeds.	and		
	triese were all the	autociave records available.					
A 258	TAC 139.49(d)(5) Standards	(L)((ii)(VI)(VII) infection Control	A 258			11/30/15	
	operation for pres	ecords. shall be monitored during sure, temperature, and time at tre and pressure. A record shall					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	ne construction 3:	(X3) OATE	
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A 258	be maintained eithingenerated and sha (VI) results of bloto performed; and (VII) time-temperate each sterilizer (if no recording charts). This Requirement Based on observatinterview, the facilitiperformance recorderation that includes	er menually or machine	A 258	A 258 The Clinic Administrator will be responsible for ensuring all information standards are strictly for Whole Woman's Health of San has updeted its Autoclave Load include documentation of tempand pressure of each autoclave operation. Even though this information was not previously documented on the log, the stat sterilizing the instruments always confirmed that the autoclave were standard to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	ection ollowed. Antonio I Log to perature during ff	11/30/15
	Findings include: Observetion on 10/20/2015 at 10:15 AM revealed a designated "Pathology" room with one (1) Pelton Delta Q autoclave. An interview with Staff #3 on 10/20/2015 at 10:45 AM revealed she was the medical essistant and the person responsible for the autoclaves. Staff #3 was asked to produce all logs and records for the autoclaves. A review of the record on 10/20/2015 revealed the records/logs presented for the autoclave did not show any documentation of the time, duration and temperature of exposure phase during the operational phase of the autoclave.			reaching the required temperate pressure to ensure decontamin sterility of the instruments. A staff in service will be facilitated director of clinical services to estaff understands the proper will document the performance of autoclave foe each load. In order to monitor compliance this requirement the clinic admits requirement the clinic admits requirement the clinic admits autoclave load log and address documentation.	ture and ation and ted by the insure all ay to each with ministrator of the	
con chis	AM confirmed there time-temperature fr	taff #3 on 10/20/2015 at 10:45 were no recordings of the rom the autoolave.				

Texas De	exas Department of State Health Services TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
AND PLAN	F CORRECTION	IDENTIFICATION NUMBER	A. BUILOING: _			
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A 259	Continued From pa	age 20	A 259			
A 259	TAC 139.49(d)(5)(l	M) Infection Control Standards	A 259			11/30/15
AZJS	(M) Preventive ma maintenance of all according to Individual basis by qualified pranufacturer's serpreventive maintenmaintained for each shall be reteined a available for review of request by the distribution of the autoclave. This Requirement Based on record in failed to maintein for the autoclave. Findings include: Observation on 10 a designated "Pa Pelton Delta Q autoclaves. An interview with SAM revealed she in the person responsive autoclaves. A review of the records/logs present show any documes.	intenance. Preventive sterilizers shell be performed dual policy on a schedulad personnel, using the sterilizer vice menuel es a reference. Anance record shall be the sterilizer. These records to least two years and shall be to the facility within two hour lepartment. is not met as evidenced by: eview and interview, the facility preventive maintenance record thology" room with one (1) toclave. Staff #3 on 10/20/2015 at 10:4 was the medical assistant and sible for the autoclaves. Steff roduce all logs and records for the facility of the time, duration of the time, duration of exposure phase during the	s yds d			

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	-616D	
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A259	Continued From pa	ge 21 taff #3 on 10/20/2015 et 10:45 a were no recordings of the	A 259	DEFICIENCY)			
				·			
SOD - State	Earn						

Exhibit 7.2 Legal Opinion to ISDH

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STATEMEN	apartment of State) TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	l co	ATE SURVEY OMPLETED
_		008036	B. WING		1/10/2015
	PROVIOER OR SUPPLIER	SEMEAUEN 1 802 SOUT	DRESO, CITY, TH MAIN ST IN, TX 7850		
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A 000	Note: Tha State For document, All Informant, All Information, correction, correction, correction, correction, correction, correction, and its provider/suppliar, ehould be notified An entrance confacilinical coordinator membar on the mapurpose end procession, and queetions. Continued (Iceneus epproved plan of conface).	orm la en officiel, legal matton must remain for antering the plen of lon dates, and the algnature pancy in the original deficiency eferred to the Office of the ineral (OAG) for poealbla fraud. Edvartently chenged by the stata Survey Agency (SA) immediately. The end another facility staff orning of 11/10/15. The ase of the licensure reaurvey and en opportunity given for re le recommended, with an correction.		Oxophist 1/8/16	
A 128	ataff on the avening findings of the surpportunity given to apportunity given to the lice assume full legal repolicies governing and for ansuring the Act and the apchapter and ere act health care in a sa acceptable environ	r and another edministrative of 11/10/16. Preliminary way were diacussed, end en for questiona. Ilicy Development and Raview that he responsible for the nead ebortion facility and shall responsibility for devaloping, ording, and monitoring written the facility at total operation, at these policies comply with plicable provialons of this diministered so as to provide fe and professionally ment. These written policies ninimum the following:	A 128	A126 The Clinic Administrator will be responsible for the conduct of the facility, and for the implementation, enforcement and monitoring of the written policies governing the facilit. The clinic Administrator has placed purchase order for small red biohazard bags, as well as small biohazard stick as a backup option for storing pathological waste in the biohazard freezer.	a ard
OD - State ABORATOR	• 10	ATIVES SIG	<i>j.</i>	TIME IN CUNIC Administrator	(X6) DATE 01 06 20

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STATEM	ENT OF DEFICIENCIES ANOF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A. BUILOING:	E CONSTRUCTION	(X3) DATE SUI COMPLET	
		008038	B. WING		11/10/2	2015
1	F PROVIOER OR SUPPLIER	SEACALLENIA 802 SOUT	RESS, CITY. H MAIN STI			
(X4) IC PREFI TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST GE PRECEDEO GY FULL LSC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
A 12	This Requirement Based on a review and interview the f policles governing provide health car- acceptable enviror Findings included: Facility procedure pathology' stated "10. The staff men into a small biohas or at the end of a s forts), the staff me another Ziploc and freezer." During a tour of th observed that the freezer contained Ziploc bags contained	is not met as evidenced by: of policies, tour of the facility, acility failed to enforce written the facility's totel operation, to a in a safe and professionally ment. entitled, "Procedure for	A 128	An In Service will be facilitated reiterate to staff that when work pathology, the POC should be pa small red biohazard bag to be the freezer, even though all the bags will be placed in a large biobag and container to be transpoof the building. In the event the has to use zip lock bags, a biohasticker will be placed on the out the bag in order to properly ide bag before placing it inside the biohazard freezer. In order to monitor compliance this requirement, the clinic administrator will conduct rance tracers on staff working in the plab, findings will be discussed diquality assurance meetings.	ing laced in stored in small bhazard rted out clinic zard side of ntify the with domized bathology	
A 1	confirmed that all blohazard bag prk bag and stored in	11/10/15, staff member #2 POC should be placed in a per to being placed in a Ziploc the designated freezer. Physical & Environmental	A 197	A197 The Clinic Administrator will b	oe	01/04/15
		environmentei requirements for n facility are as follows.		responsible for ensuring all phy environmental requirements ar accurately followed.		

STATEMEN	epartment of State F T of Deficiencies DF CDRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SU COMPLE	
		008038	B. WING		11/10/	2015
	PROVIDER DR SUPPLIER WOMANS HEALTH C	F MCALLEN LP MC ALLE	DRESS, CITY, TH MAIN ST N, TX 7850	1	01	.v.s
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A 197	(1) A facility shall: (A) have a safe en properly constructe to protect the healt staff et ell times; This Requirement Based on observatine facility falled to environment that whealth and safety of Findings were; During a tour of the following observating a tour of the following observation of the same properties of the mergency cartine Gluconate 10 % in expiration date of Ringers 500 ml (V 5/2015, 1 ET Tubed discoloration tubit The expired medicine were available for The above was controlled to the properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the same properties of the sam	d sanitary environment, and, equipped, and maintained h and safety of patients and is not met as evidenced by: tion and an interview with staff, have e safe and sanitary was maintained to protect the of patients and staff at ell times. The facility on 11-10-15, the ions were made: In the exam table in the ontained tears, which can d prevent the exam table from cleaned. The medications in the vealed 2 vials of Calcium electable 10 ml with an 10/15, 1 bag of Lactated with an expiretion date of with browning visible on the packaging, and with a torn/open packaging, attons end damaged supplies		The creases on the vinyl cover of exam table in the sonogram room be repaired. This exam table wouse until the creases have been a clerical error expired medications were kept with cur medications in the crash cart, the now been removed and proper discarded. Staff has received track how to evaluate the need to repare medical supplies that do not have expiration dates, the ET and suctubing have been removed frocart, and have been replaced by ones. In order to ensure compliance aphysical and environmental requirements mandated by the clinic administrator will conduct physical walk through of the facting and equipment. Findings will addressed during the quality assemeetings.	rent nose have y ining on lace ve ction m the new with the state, the cti a cility to ctionality be	

Texas Department of State Health Services (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILOING: B. WING 11/10/2015 008036 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **802 SOUTH MAIN STREET** WHOLE WOMANS HEALTH OF MCALLEN LP MC ALLEN, TX 78501 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCEO TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG OFFICIENCY) A201 A 201 Continued From page 3 A 201 TAC 139.48(1)(E)(F) Physical & Environmental A 201 A201 01/15/16 Requirements The physical and environmental requirements for The Clinic administrator will be a licensed abortion facility are as follows. responsible for ensuring the physical (1) A facility shall: and environmental requirements for the (E) store hazardous cleaning solutions and facility are followed accurately. compounds in a secure manner and label substances; (F) have the capacity to provide patients with The Clinic will install locks on the iliquids. The facility may provide commercially laundry closet cabinets, and ensure all packaged food to patients in individual servings. cleaning products are locked during If other food is provided by the facility, it shall be subject to the requirements of §§229.161 patient care hours. 229.171 of this title (relating to Texas Food Establishments); A staff in service will be facilitated on 01-15-16 to ensure all staff is aware of This Requirement Is not met as evidenced by: ensuring these products are to be locked Based on a tour of the facility, the facility failed to during patient care. store hazardous deaning solutions and compounds in a secure manner. Fallure to do so Increeses the risk of harm to patients. The clinic Administrator will ensure compliance with this requirement by Findings were: conducting random walk through of the facility. Findings will be addressed During a tour of the facility on 11-10-15, the during quality assurance meetings. unlocked laundry room contained items including disinfectant spray, air freshener spray, germicidal wipes, all-purpose spray cleaner and bleach. The above was confirmed in an interview, with staff #2 on 11-10-15 during a tour of the facility. A 249 A 249 TAC 139.49(d)(5)(J)(I)(II)(III)(IV) Infection Control Standards J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall SOO - State Form

Texas De	partment of State H	lealth Services			(X3) DATE S	SURVEY
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AND PLAN	OF CORRECTION		A. Careparo.			
		008036	s. WING		11/1	0/2015
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		802 SOUT	H MAIN ST	REET		
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T-una De	partment of State H	lealth Services				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	É CONSTRUCTION	(X3) DATE S COMPL	
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	equipment end per resuscitation as de (relating to Anesthi (c) Personnel provide currently certific American Heert As Cross, or the American Heert As Cross, or the American Heert ac professional licens required in their journsponsibilities. This Requirement Besed on a review interview with staff that all direct care and meintained currently cardiopulmonary ricensistic and in-pedemonstration of (as staff may not be medical emergence). Findings included: A review of persondirect staff member of the currently and the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently as the currently	iding direct patient care shall ad in basic life support by the association, the American Red rican Safety and Health ordance with their individual sure requirements, end if the description or job is not met as evidenced by: of personnel files and an if the facility failed to ensure personnel were competent in a rent certification in esuscitation (CPR), as there are evidence of hands-on skills rson assessment and CPR skills. This presents a risk, a competent to respond in a cy.		The Clinic Administrator will be responsible for ensuring all percomplies with emergency service requirements. All staff members will receive Cardiopulmonary resuscitation training by January 4, 2016. Documented evidence of hands skills practice and in person asswill be placed in personnel files. The Clinic Administrator will ecompliance with this requirement conducting monthly audits of the personnel files, and scheduling proper recertification as needed.	sonnel ces (CPR) s on cessment censure ent by he the	
	4) obtained cardiog through an online evidence of hands assessment and/o in an interview, or confirmed that the hands-on skills pro	oulmonary resuscitation (CPR) resource that contained no resource that contained no reon skills practice, an in-person or demonstration of CPR skills. 11/10/15, staff member #2 10 online course did not contain 11/10/15, an in-person 11/10/15 an in-person 11/10/15 an in-person 11/10/15 an in-person 11/10/15 an in-person 11/10/15 an in-person 11/10/15 an in-person				

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Operation Rescue

You are here: Home / Press Releases / Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby
Remains

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Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

December 1, 2011 By Operation Rescue 3 Comments

Austin Texas – The Texas Commission on Environment Quality has released documents to Operation Rascua that show two Taxas abortion clinics and the disposal company Stericycle have been slapped with fines in excess of \$83,000 for illegal dumping of aborted baby remains.

The fines are the result of complaints filed by Operation Rescue against Whole Woman's Health of McAllen and Austin after a three-

month undercover investigation. The TCEQ then conducted its own investigation and broadened the case to include Stericycle. In June, the TCEQ notified Operation Rescue that the two abortion clinics and Stericycle had all been cited for violations involving the improper disposal of human fetuses.

Fines for the violations were finalized three months later. TCEQ also ordered the abortion clinics and Stericycle to make specific changes in their operations.



Dumpsters behind Whole Women's Health were open and spilling trash. Infectious weste and other hezerdous materiels, end private medical records were illegally dumped there.

The two abortion clinics also received a deferral of twenty percent of their fines on the same compliance contingency. However, if the TCEQ finds that they are not satisfactorily complying with the order, they will be required to pay the full amount.

"Our investigation only scratched the surface of what is really going on at abortion clinics in Texas. These hefty fines totally over \$83,000 show that the violations we discovered were valid and serious," said Operation Rescue President Troy Newman. "We can only imagine what

- Whole Woman's Health of McAllen was fined at total of \$17,430. It is required to make monthly payments of \$385.
- Whole Woman's Health of Austin was ordered to pay a total of \$22,980. It must pay off its fine with \$510 payments each month.
- Stericycle received the largest fine of \$42,612, which was paid in one lump sum minus twenty percent, which is deferred contingent upon satisfactory future compliance.

would be found if every abortion clinic was thoroughly investigated."

"Abortion clinics cannot be trusted to follow the law or tell the truth about it even if they are caught," said Newman." Time and again we have seen that abortionists have the attitude that they are above the law. Abortion clinics need to be inspected and v violations strictly—forced for the sake of

the public's welfare." In addition to the TCEQ fines, ten abortionists must answer to the Texas Medical Board for other abortion abuses discovered by Operation Rescue. Word on the extent of their discipline is expected in February.

F HDAILY CALLER NEWS FOUNDATION

EXHIBIT 9
Legal Opinion to ISDH

HEALTH

(http://dailycallernewsfoundation.org/)

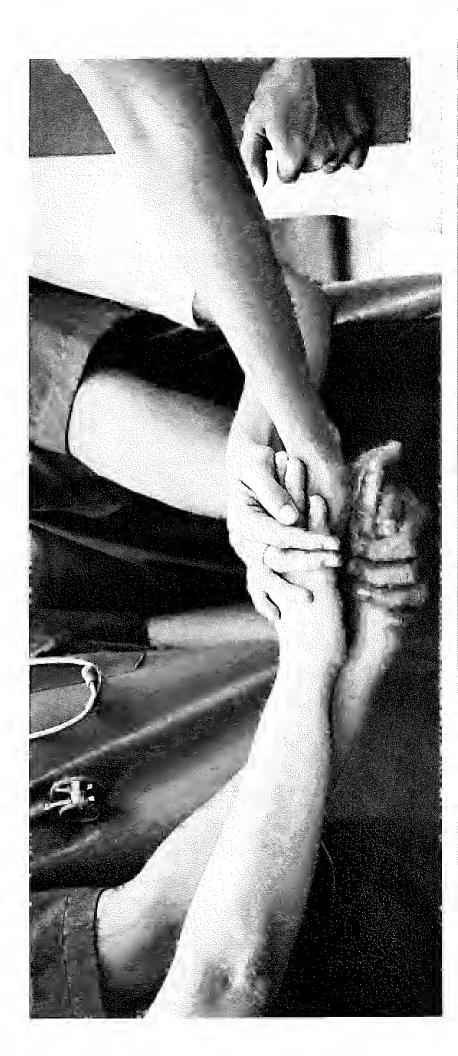
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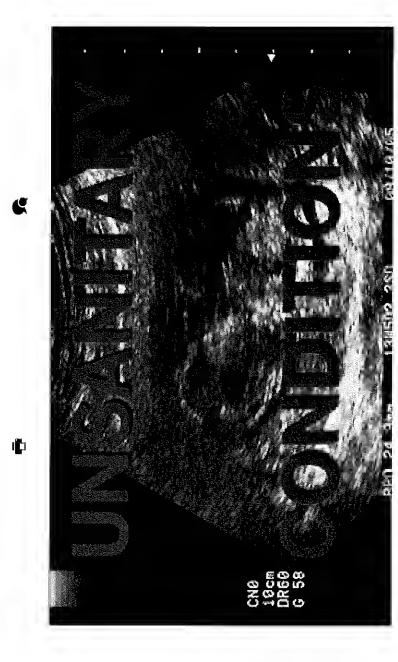
Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds

11:57 AM 10/27/2017

by GRACE CARR, reporter

(http://dailycaller.com/author/grace-carr/)





A string of abortion clinics across the country continues to violate the law and jeopardize the health and lives of women by failing to keep clinics clean and train staff adequately, according to the Texas Department of State Health Services. A slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017, the Free Beacon reported (http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-EMAIL CAMPAIGN 2017 10 26&utm_medium=email&utm_term=0_b5e6e0e9ea-eb64ddce41-46249161) in reveals/?utm_source=Freedom+Mail&utm_campaign=eb64ddce41-

"Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot

conjunction with the nonprofit And Then There Were None (ATTWN).

button topic, does not mean that the abortion industry should get a free pass," Arina Grossu, Center for Human Dignity 🔷

Director at the Family Research Council, told the Free Beacon. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry." Medical instruments were unsterile and rusty, medication had expired, staff were inadequately trained, and the facilities patient records, disregard for informed consent, undercover calls and visits from minors, and waiting period violations. were dirty enough to constitute health hazards, the inspection reports found. The inspections also discovered faulty The Beaumont, Texas WWH clinic did not even have a registered nurse on staff in 2011.

A WWH abortion clinic in McAllen, Texas was in disrepair, with stains, cracks in exam tables and holes in the flooring, a hundreds of thousands of deaths in the ongoing opioid crisis. (RELATED: Opioid Crisis: A Daily Game Of Russian 2016 study found. ATTWN's 2017 report also found missing stocks of fentanyl, which has responsible for the rise Roulette) (http://dailycaller.com/2017/09/29/opioid-crisis-a-daily-game-of-russian-roulette/). "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," ATTWN founder Abby Johnson said. The WWH clinic in Austin even had blood on the walls, she noted.

violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said. "If we're going to "What we see in the abortion industry across the country is that inspections are done, people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same say that we're for women, and we're for protecting women, then this was sort of a common sense measure."

content/uploads/2016/12/Unsafe-Chart.pdf) WWH clinics — were cited for 1,400 health and safety violations, according to More than 220 abortion clinics between 2008 and 2016 — including six (http://unsafe.aul.org/wpa 2016 Americans United For Life (AUL) report (http://www.lifeissues.org/wpcontent/uploads/2017/01/UNSAFEreport.pdf).

WWH was also involved in a lengthy lawsuit, <u>Whole Woman's Health v. Hellerstedt (http://www.scotusblog.com/case-</u> <u>files/cases/whole-womans-health-v-cole/)</u>, regarding restrictions on abortion services.

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Follow Grace on Twitter (https://twitter.com/gbcarr24).

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(http://dailycaller.com/buzz/the-washington-free-beacon/), Whole Woman's Health (http://dailycaller.com/buzz/whole-womans-Tags: Austin (http://dailycaller.com/buzz/austin/), Texas (http://dailycaller.com/buzz/texas/), The Washington Free Beacon health/)

Show comments

Why Should Abortionists Have Admitting Privileges? Look at These Botched Abortions at Just One Clinic

OSTATE (HTTP://WWW.LIFENEWS.COM/CATEGORY/STATENEWS.) CHERYL SULLENGER MAY 19, 2014 | 11:53AM AUSTIN, TX

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(HTTP://WWW.LIFENEWS.COM)



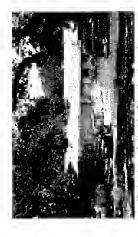
ments show a string of abortion-related medical Whole Women's Health of Austin where docuem érgencies. After the passage in Texas last summer of an historic pro-life law known as HB2, hardly a week as gone by without articles penned by abortion supporters lamenting the new regulations as nothing more than a ploy to shut down abortion clinics.

Amy Hagstrom-Miller, President of the Whole Women's Health abortion clinic chain, is perhaps one of the loudest voices condemning the new law that has already closed 20 Texas abortion clinics — including two of hers. Once the rest of the provisions take effect this September, it is likely that only six abortion clinics will remain in the Lone Star State.

(http://lifenews.wpengine.netdna-cdn.com/wp-content/uploads/2014/05/wholewomens.jpg)Causing particular angst has been the requirement that abortionists maintain hospital privileges within 30 miles of their clinics.

"Our elected officials lied to all of us, HB2 has nothing to do with improving women's health and safety; but rather it is a proven and successful strategy to end safe abortion care for women in Texas," opined Hagstrom-Miller just last

Women's Health of Austin, over a 30-day period in 2012 that shows the clinic has a poor track record when it comes to However, Operation Rescue has received three 911 records from just one of Hagstrom-Miller's abortion clinics, Whole women's safety.



hole Women's Health of Austin where docunts show a string of abortion-related medica emergencies.

safety regulations in the Texas law have nothing to do with patient safety. In fact, if patient safety was more of a concern to abortion clinics, perhaps we wouldn't see the long line of women being transported to the hospital, and in some cases, the morgue," said Troy Newman, President of Operation Rescue "This documentation loudly refutes Ms. Hagstrom-Miller's fantasy that the hospital privilege requirement and other

The following incidents were documented through 911 Computer Aided Dispatch Transcripts obtained by Operation Rescue:

- March 17, 2012: A 20-year old female patient was transported to Saint David's Hospital suffering from an allergic reaction. This incident was of moderate severity, but required emergency hospital intervention
- her condition. The WWH caller told dispatchers that the woman was breathing and conscious, but not alert. She was suffering condition was life-threatening. In fact, paramedics responding to the call upgraded the patient's priority upon assessment of • April 2, 2012: A 34-year old female was rushed to North Austin Hospital with a priority designation that indicated her abdominal pain and vomiting while at the clinic. This was the lost serious of the three incidents.
- April 18, 2012: A sick and vomiting 22-year old female patient was transported to St. David's Hospital. Records indicate that she suffered "no priority symptoms," nevertheless, she required emergency hospital treatment that could not be provided at

This 30-day snapshot of emergencies at just one Whole Women's Health abortion clinic shows that the these facilities are not equipped to handle even the least serious of complications that can be expected to occur at abortion clinics, much less the life-threatening ones

situations, such as was inflicted upon the 34-year old patient on April 2, 2012. Even a short delay while hospital physicians struggle to diagnose a patient's condition, as we saw in the case of Tonya Reaves (http://www.operationrescue.org/archives/planned-parenthood-abortionist-evaded-blame-shifted-in-death-of-tonya-reavesdeposition-shows/), who died at a Chicago, Illinois Planned Parenthood clinic in 2013 can mean the difference between life and death. The hospital privilege When emergencies occur, it is imperative that there is continuity of patient care so that emergency treatment is not delayed, especially in life-threatening requirement adds a layer of protection for women who suffer abortion complications from suffering a delay in care.

which Whole Women's Health sends patients to the hospital emergency rooms for medical help the clinics cannot provide, these laws are critically needed to ensure Despite Ms. Hagstrom-Miller's hysteria, the Texas law — particularly the local hospital privilege requirement — is all about patient safety. Given the frequency with that women get the care they need.

If the law results in the closure of abortion clinics that cannot guarantee patient safety or continuity of care in the event of a medical emergency, then it is in the best interests of women for those abortion clinics to close. Hagstrom-Miller's attitude only reveals that the health and safety of women take a back seat to her financial profit margin, which is currently enhanced by cutting corners on women's lives.

View March 17, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-03172012.pdf) View April 18, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWIIAustin-04182012.pdf) View April 2, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04022014.pdf)

practitioners and exposes their illegal and unethical practices. The group is known for serving as a watchdog of Planned Parenthood and other abortion businesses. LifeNews.com Note: Cheryl Sullenger is a leader of Operation Rescue (http://www.OperationRescue.org), a Kansas-based pro-life that monitors abortion

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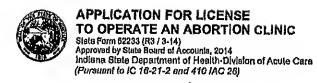
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|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incident(s) Description | The Illinois Department of Public Health noted ton July 6, 2011 that deficiencies and violations at National Health Care Services included: - Staff not adequately trained was performing duties they should not have the potential for cross contamination of contagions. - Water temperature was not hot enough Snack muts and packages of cookies were on the crash cart. - Failure to ensure staff training for emergency or non-emergency situations were conducted. - Facility failed to ensure medical histories and complete physical examinations were reviewed by the physician prior to the procedure. - Facility failed to ensure personnel administering intravenous sedation was qualified in the State of IL to administer anesthesia, RNs administering moderate sedation had multiple clinical responsibilities, were not ACLS certified and the physicians were not privileged to administer moderate sedation. No documentation to indicate physicians were ACLS certified. |
| Abortion Provider | National Health Care Services (now named Whole Women's Health of Peoria) |
| City | Peoria |
| State | H |

	Baltumore	wnoie Women's Health Baltimore	In e statement of Denciencies Report from the February 22, 2013 inspection of Whole Women's Health Baltimore found deficiencies included: Failure to secure the medical waste sharps container and protect the safety of patients. Failure to implement their policy and procedures for the use and storage of medications.	Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/uploads/2014/11/Whole-Womens-Health-Baltimore-Initial-Survey-2-22-2013.pdf
NC	Chapel Hill	Women's Health Alliance	The Statement of Deficiencies Report from the April 3, 2014, inspection of Women's Health Alliance found the following deficiencies: - Failure to have a witnessed voluntarily-signed informed consent for each surgery or procedure in 1 of 4 clinic records reviewed of patients that had abortion procedures. - Failure to verify the patient's full and true name for 4 of 4 patients who had abortion procedures. - Failure to maintain a daily procedure log of all patients receiving abortion services along with type of procedure, time of procedure, and Name of the Registered RN on duty. - Failure to ensure medications were administered by a RN or LPN in accordance with the State of NC for 2 of 2 patients who were administered medications and had a surgical abortion procedure performed. - Failure to ensure sterile instruments were not outdated and failed to ensure autoclave testing was performed per clinic policy.	North Carolina Division of Health Service Regulation, Statement of Deficiencies, Women's Health Alliance, for inspection on April 3, 2014, available at https://www2.ncdhhs.gov/dhsr/a hc/sods/2014/20140403- 933088.pdf

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 Failure to ensure medications were 	administered by a RN or LPN in	accordance with the State of NC for 2 of	2 patients who were administered	medications and had a surgical abortion	procedure performed.	- Failure to ensure sterile instruments were	not outdated and failed to ensure autoclave	testing was performed per clinic policy.	Interview with the administrative staff	confirmed the staff did not follow the	clinic's infection control policy for	ensuring sterile items were not out of	date/expired.
												-	



512) 835-6658

		Divisi	on of Acute Care Use On	<u>v</u>
Date Received (m	nm/dd/yyyy)	Dete App	roved (mm/dd/yyyy)	Date Rejected (mm/dd/yyyy)
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		SECTION	II - IDENTIFYING INFORMAT	ION
A. Abortion Clinic	Locetion	······································		
Name of Abortion Clin	lo		 	
Whole Women's He				
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3611 Lincoln Way V	Vest			
CILY			County	ZIP Code +4
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		ered with the secretary	of state	4 .4.44
Whols Woman's Hae	ith Allence			
Street Address (numb				P.D. Box
City	1149, 2018 ZVO		I Siets	ZIP Code+4
Austin			Texas	78754
Telephone Number	Fav	Number	EIN Number	Fiscal Year End Date (mm/dd)

812) 835-6588

48-5318393

12/31

D. Services provided under this (icense:		
Code items 1 and 2 as follows: 1. Provided directly by employe	re(s), 2. Provided by a contract service, 3. Both 1 and 2.	
	of the sale was a final	Radiology Counseling
1. Ancillary Services: Laboratory; CLIA C	ertificate Number	THE COURSEIING
[-]		
Femily Planning	Pharmacy Other (List):	
2. Surgical Services: Gynecology	Other (List):	
For item 3, indicate the total number of individuals (employees p	lus contractors) working in this clinic. This includes how	ly, part-time, and full-time persons.
3. Staffing: Physicians: 1 Registered Nurses	Licensed Practical Nurses:	
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License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
V	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000,00
	7,000 and above	\$3,000.00

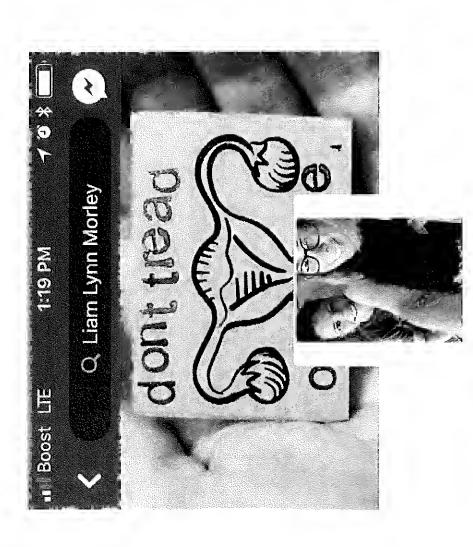
Indiana Hospital Council: 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



Liam Lynn Morley

bread and roses

(E)

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Message

More

Studied Gender and Women's Studies at Indiana University South Bend $\langle \mathfrak{D} \rangle$







Liam Lynn Morley

Apr 16 at 1117pm . 3

Happy Easter! Reflecting on the morning that women held it down, believed, waited, and watched while men left, lost heart, and fainted. Paths to redemption have always been told through women's stories; don't let centuries of patriarchal readings of the Bible let us forget that!



1 Share

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Comment

Share Share

Liam Lynn Morley

Apr 14 at 11:20pm · ©

Reflecting today on Mary's pain as she watched her brown son die before her eyes by the violence of the state.

It is finished, but our work is not.



1 Shar



CICK here to see alist Local doctors, women health advocates speak out about possible South Bend abortion

by Heather Black, WSBT 22 Reporter









SOUTH BEND —

Around 25 local doctors and women health advocates are voicing their concerns about an abortion clinic wanting to come to South Bend.

They addressed the St. Joseph County Council Tuesday.

The issue wasn't on the council's agenda, but they used the public comment period to speak about what they say is a concern for women in the

They're concerned about the medical process to have an abortion and what they call a "bad track record" for these types of facilities.

Whole Woman's Health wants to make South Bend it's next site for an abortion clinic, but more than 20 doctors, nurses and health advocates spoke against the process of the abortion. "We see complication rates across a wide variety of studies. Those complications include things like hemorrhages. Some of those require transfusions in the ve to seven-percent category. Infections that can lead to sepsis and even death," said Justin, resident physician at local hospital.

STATEMENT ON PROPOSED CLINIC

WHOLE WOMAN'S HEALTH

"We respect all peoples beliefs and are here to serve women in the community who deserve access to our high-quality care,"

Amy Hagstrom Miller Whole Woman's Health C.E.O. is wsbt 22 news wsbt 22 news wspt 22 news wsbt 22 news wsbt 22 news wsbt 22 news wsbt 22 nems msbt 22 news wsbt 22 n NEWS टा टा WSBT

ABORTION CLINIC CONCERNS

VIEW PHOTO GALLERY

🔼 4 photos (/news/local/gallery/local-doctors-women-health-advocates-speak-out-about-possible-south-bend-abortion-clinic)

Local OBGYN David Parker says he's seen women who regret their decision.

"In my practice, I've seen patients who have taken the first pill the mifepristone pill and have experienced regret and they have come to me asking me to help them. I don't want my baby to die what can you do?" said Parker. In a statement Tuesday, Amy Hagstrom Miller, the president and CEO of Whole Woman's Health, says the clinics are "committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."

procedures of the state. "We know that there is an organization here that has the same kind of profile as Dr. Klopfer wanting to come back in our town," said McGuire. Miller says her group respects "all peoples beliefs and are here to serve women in the community who deserve access to our high-quality Granger Family Physician Laura McGuire says she's concerned about the former South Bend abortion clinic, which was shut down after failing the

The group that spoke out Tuesday wants the council to at least create a medical standard for the abortion clinic if it comes. The entire statement from Whole Woman's Health is below: Whole Woman's Health of South Bend joins its sister clinics in Peoria, Illinois and Minneapolis, Minnesota to serve women in the Midwest with the highest

quality care; treating the mind, the body and the heart with the dignity and respect Midwestern women deserve at a challenging time in their lives. Women and families everywhere deserve access to high-quality reproductive health care, including safe abortion care. Whole Woman's Health has a long-standing commitment to providing that care with dignity and respect, and in areas where women's access to that care has often been denied.

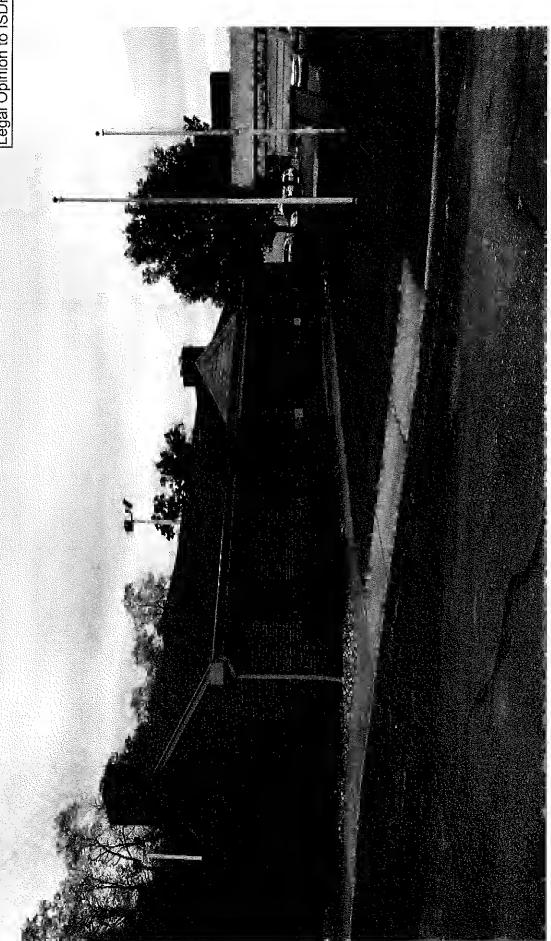
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New abortion clinic applies for license in South Bend

https://www.southbendtribune.com/news/healthandsafety/new-abortion-clinic-applies-for-license-in-south-bend/rticle_a9b47a26-1e28-5b10-82d7-4af30e060ec3.html

EXHIBIT 14 Legal Opinion to ISDH

By Margaret Fosmoe South Bend Tribune Oct 14, 2017



The Austin, Texas-based Whole Woman's Health Alliance has applied for a license to open a family planning clinic that provide non-surgical abortions at 3511 Lincoln Way West in South Bend. The area has not had an abortion-services provider since 2015. Tribune Photo/BOB BLAKE

SOUTH BEND — A new Austin, Texas-based family planning clinic that would provide non-surgical abortions has applied for a license with the Indiana State Department of Health to open a location here.

The firm Whole Woman's Health Alliance would base its clinic at 3511 Lincoln Way W., a short distance west of Bendix Drive. The building formerly housed a chiropractic clinic.

The nonprofit has asked the state to waive certain abortion-licensing requirements because surgical abortions would not be provided.

The organization already operates women's health and abortion clinics in eight cities, according to its website: Austin, Ft. Worth, San Antonio and McAllen, Texas; Peoria, III.; Baltimore, Md.; Charlottesville, Va.; and Minneapolis. It provides medication abortion to women who are up to 10 weeks pregnant. According to a copy of the clinic's application, which the South Bend Tribune obtained via a public records request, patients seeking abortions at Whole Woman's Health in South Bend would take the abortion-inducing medication Mifepristone in the presence of a physician. One to two days later, they would take another medication at home. After that, they would return to the clinic for a follow-up appointment to confirm their pregnancy was terminated.

Jennifer O'Malley, director of the office of public affairs with the state health department, said the clinic's application is being reviewed.

This area has been without a provider of abortion services since November 2015. That's when Dr. Ulrich "George" Klopfer dropped his appeal of the state revoking his medical license amid allegations of violations of state laws and regulations. Klopfer had also operated clinics in Fort Wayne and Gary that were shut down

Currently, the closest abortion services providers are in Merrillville, Ind., Chicago; Indianapolis; and Kalamazoo, Mich.

On the application, Liam Morley is listed as the proposed clinic's administrator. She was an employee for several years at the clinic Klopfer ran and in August 2016 identified herself to a Tribune reporter as director of the Pro Choice South Bend group.

Morley said at the time that Pro Choice South Bend, which provides community outreach for women seeking abortions, was not directly involved in efforts to launch another clinic. The Tribune on Friday placed numerous phone calls and e-mails and left messages seeking comment from Pro Choice South Bend, but no one from the group responded. Morley could not be reached for comment.

On the application, the proposed clinic's medical director is listed as Jeffrey D. Glazer, M.D., an obstetrician-gynecologist who is licensed to practice in Kentucky, Indiana and Ohio

abortions are provided or in a contiguous county, or must have entered into an agreement with a physician who has admitting privileges at one of those hospitals. The Under Indiana law, any physician providing abortion services (whether surgical or via medication) must have admitting privileges at a hospital in the county where measure was approved by the General Assembly in 2016 and signed into law by then-Gov. Mike Pence. The ISDH provided The Tribune with a copy of Glazer's agreement with a local physician who has hospital admitting privileges, but O'Malley said state law requires the department to redact identifying information from the document, including the physician's name. Members of the St. Joseph County Right to Life and Indiana Right to Life groups are encouraging supporters to voice their opposition to the proposed clinic. The groups have created an online petition that notifies state and local government officials of opposition to the clinic proposal. "If there is a chance for us to stop this clinic from opening, we will do everything in our power to do that," Antonio Marchi, program director for St. Joseph County Right to Life, said Friday. And if the clinic opens, Right to Life members will make sure women who visit the clinic can get all the help they need without going through with an abortion, he said

The Tribune on Friday contacted Whole Woman's Health Alliance and requested an interview with Amy Hagstrom Miller, the organization's chief executive officer and

She declined the interview request. In an emailed statement attributed to her, she wrote, in part: "It is our commitment to go into places that are underserved and where women have suffered because so many clinics have shuttered due to continued political interference. South Bend women and families deserve access to high quality abortion care services..."

in the largest metropolitan areas. The court ruled that Texas cannot place restrictions on the delivery of abortion services that create an undue burden for women seeking rights, striking down parts of a Texas law signed by then-Gov. Rick Perry that could have drastically reduced the number of abortion clinics in the state, leaving them only Whole Woman's Health was involved in a landmark case decided by the U.S. Supreme Court in June 2016. The court strengthened constitutional protections for abortion an abortion.

The court found that Texas' restrictions — requiring doctors to have admitting privileges at nearby hospitals and clinics to meet the standards of ambulatory surgical centers — violated a prohibition on placing an "undue burden" on a woman's ability to obtain an abortion, the New York Times reported The Whole Woman's Health clinic in Austin, founded in 2003, was forced to close in 2014 as a result of the Texas law, but reopened in April 2017 after the Supreme Court ruling.

mfosmoe@sbtinfo.com 574-235-6329 / @mfosmoe

Group of doctors speak against South Bend abortion clinic Speakers urge county ordinance to address concerns

https://www.southbendtribune.com/news/local/group-of-doctors-speak-against-south-bend-abortion-clinic/article_8e28a70b-7a33-5593-80c5-0c55a16461f9.html By Ted Booker South Bend Tribune Dec 7, 2017



Thomas Dickson, an attorney in Osceola, was among 30 people who raised concerns during a St. Joseph County Council meeting on Tuesday about an abortion clinic proposed in South Bend Tribune Photo/TED BOOKER

SOUTH BEND -Several doctors were among about 30 people who told the St. Joseph County Council that if an abortion clinic proposed here opens, it could burden the medical community.

During the public comment period of Tuesday's council meeting, they argued that local hospitals would be compelled to provide treatment to women with complications from medication-induced abortions. St. Joseph County Right to Life, which has launched a media campaign to oppose the clinic with billboards and various advertisements, organized the speakers for the meeting. Doctors, nurses and other anti-abortion advocates spoke for nearly two hours at the meeting, citing statistics to highlight the risks of medical abortions. No abortion access advocates spoke.

runs clinics in eight cities, is approved to open at the building chosen for the clinic at 3511 Lincoln Way W. That decision will be made by the The anti-abortion speakers acknowledged the County Council has no control over whether Texas-based Whole Woman's Health Alliance, which Indiana State Department of Health, which is still reviewing the organization's application. Even so, the speakers urged council members to consider legislative actions they could take if the clinic opens as a way to address potential pitfalls with reporting patient complications

Antonio Marchi, Right to Life's program director, says the clinic would likely underreport patient complications from medical abortions to the state department of health. That's because he suspects patients would often be treated for complications by local hospitals; in that case, complications wouldn't be reported to the state unless patients followed up to tell the clinic about them. A spokeswoman for Whole Woman's Health didn't return a call or email seeking comment Wednesday, and someone who answered a message to Pro Choice South Bend's Facebook page said the group wouldn't comment because none of its representatives attended the meeting.

As it stands, abortion clinics are required to submit a terminated pregnancy report for each abortion to the state health department. That form requires them to indicate any complications, such as hemorrhaging.

Marchi said that if the clinic opens, the council should consider passing an ordinance to require the clinic and local hospitals to report all complications to the county, ensuring complete data. Mike Trippel, the council's attorney, thinks the county elected officials, who oversee the county health department, would have the authority to approve such an ordinance. Patients seeking abortions at Whole Woman's Health would first take the medication Mifepristone in the presence of a physician, according to the clinic's application to the state. One to two days later, they'd take another medication at home. After that, they'd return to the clinic for a follow-up appointment to confirm their pregnancy was terminated. Medical professionals at Tuesday's council meeting argued that because the second pill would be taken at home, patients with complications would likely turn to local hospitals to treat complications. And in some cases, they say, hospitals would need to conduct surgical abortions.

Among the nine doctors who raised concerns was Kelly McGuire, with OB/GYN Associates of Northern Indiana who has hospital privileges at Memorial Hospital in South Bend and Saint Joseph Health System's Mishawaka Medical Center. McGuire alluded to a patient who was treated for complications in November at the Mishawaka hospital after a failed medication-induced abortion with a provider in Chicago. She was eight weeks pregnant.

"bleeding heavily and in a lot of pain." He called the situation an example of what hospitals would see "on a regular basis" if the abortion clinic opens. After a consultation, he said, the woman was scheduled to have a surgical abortion; but before that could happen, she came to the emergency room

County Council President Rafael Morton, a Democrat, said Wednesday it is "too early in the process" to discuss whether a local law regarding abortion clinics could be considered

The debate comes after the County Council voted 6-3 in March 2015 to reject a controversial bill that would have required abortion providers to have hospital admitting privileges The area hasn't had an abortion provider since November 2015, when Dr. Ulrich "George" Klopfer — amid violations of state regulations — dropped his appeal of the state's revocation of his medical license. In a statement Tuesday to WSBT-TV, Whole Woman's Health said in part that "access to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and ... we are committed to improving people's lives by providing access to the best medical care, which include the full range of reproductive health-services for women."

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Whole Woman's Health officially announces South Bend abortion clinic plans



Posted: Mon 4:20 PM, Oct 30, 2017 | Updated: Mon 4:36 PM, Oct 30, 2017

SOUTH BEND, Ind. (WNDU) Texas-based Whole Woman's Health has officially announced its plans to open a new abortion clinic in South Bend.

We first reported earlier this month that the group applied for a license to operate out of a building in the 3500 block of Lincolnway West.

Whole Woman's Health says it plans on opening the South Bend clinic as soon as possible.

Recently, U.S. Rep. Jackie Walorski asked the state health department to reject the group's application, saying that St. Joseph County has seen a "tremendous" reduction of abortions in recent years.

Whole Woman's Health says abortions are just one of the services they provide to women.

From Whole Woman's Health:

Virginia under a non-pro t Whole Woman's Health Alliance (WWHA). Hagst**rom Miller operates independent abortion cli**nics in ve states, including Texas where she won a major victory for Today, Amy Hagstrom Miller, founder and owner of Whole Woman's Health, announces her latest endeavor to open two new abortion clinics in South Bend, Indiana and Charlottesville, women and families in the 2016 case, Whole Woman's Health v. Hellerstedt, the most consequential abortion rights case to go to the Supreme Court in a generation.

Both Indiana and Virginia are classi ed as "extremely hostile" to abortion rights, having passed new laws in recent years to burden women seeking abortion and force clinics to close. In 2014, some 95 percent of Indiana counties had no clinics that provided abortion care and 66 percent of Indiana women lived in those counties. Indiana now has only six clinics open to serve women in the state, dropping from 10 in 2011. In 2014, Virginia had only 18 abortion clinics, representing a 14 percent decline in clinics from 2011. Now Virginia has just 13 open clinics. In 2014, some 92 percent of Virginia counties had no clinics that provide abortion, and 78 percent of Virginia women lived in those counties.

the Whole Woman's Health Alliance launch of a nationwide initiative to combat abortion stigma," said Amy Hagstrom Miller, founder and CEO of Whole Woman's Health and Whole Woman's "As we witness ongoing attempts by the Trump administration to bully and block women who need abortion care, I'm proud to announce that we are expanding our healthcare work, to open two new nonprot clinics. Whole Woman's Health Charlottesville opened in October 2017, and we will open the clinic in South Bend as soon as we can. These two clinics play a key role in Health Alliance. "Nearly a year after the election of the most anti-abortion administration in decades, Whole Woman's Health Alliance is doubling down on what we do best: providing compassionate holistic care and proclaiming loudly and proudly that every day, good women have abortions. We will go where they need us the most.

of proactive legislation here in ir Virginla after Amy took on the state of Texas and TRAP laws in the landmark Whole Woman's Health v. Hellerstedt case, in which the Supreme Court ruled Virginia. "Whole Woman's Health has been a bastion of hope for women seeking honest, compassionate, effective abortion care for years. They inspired us to introduce a whole new wave that medically-unnecessary regulations that impose an undue burden on a woman's access to abortion are unconstitutional. Charlottesville women and families are lucky to have such a Hagstrom Miller and her team – they won't let intimidation from anti-choice legislators or political battles slow them down," said Tarina Keene, Executive Director of NARAL Pro-Choice "We are so excited to welcome Whole Woman's Health into the Commonwealth, where they will continue to fearlessly care for women and families. And If I know anything about Amy great team bringing reproductive health care to their city, and we're thrilled to be one step closer to eliminating gaps in access to abortion in Virginia."

access to quality, safe abortion care without signi cant nancial or geographic barriers," said Shelly Dodson, Center Director of All-Options in Indiana. "We are thrilled that Whole Woman's Health will be opening a clinic in South Bend, and look forward to having another provider to refer clients to in Indiana, reducing their need to "At All-Options, we believe that everyone has the right to be supported in their decisions about pregnancy, parenting, abortion, and adoption. That includes having travel out of state to find the abortion care they need." "Virginians know that a woman seeking reproductive health care, including safe and legal abortion, deserves to be treated with dignity and respect. These are just the said Anna Scholl, Executive Director for Progress Virginia. "Just a year after our hard-fought victory to roll back Virginia's sham restrictions on abortion providers, it's so gratifying to know that Virginia women now have an additional option for quality, compassionate, affordable reproductive health care access, and a erce advocate values Amy Hagstrom Miller and Whole Woman's Health bring to their provision of health care and we couldn't be more thrilled to welcome them to Charlottesville," for women's dignity and autonomy to boot."